



**NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION  
OFFICE OF EMERGENCY MEDICAL SERVICES**



**VEHICLE INSPECTION MANUAL**

*Revised: August 2022*

This manual is based upon the authority of North Carolina General Statutes Chapters 20 and 131E; the rules of the North Carolina Medical Care Commission 10A NCAC 13P, and OEMS Policies: Section III: System Development.

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## I. INTRODUCTION

There are a multitude of permitted ambulances operating within the State of North Carolina. These ambulances represent all possible levels of pre-hospital care. The purpose of the Vehicle Inspection Manual (VIM) is to clarify required vehicle inspection procedures, to standardize those procedures, and to ensure consistency by all staff members for the inspection and permitting of transport and non-transport vehicles as required by 10A NCAC 13P Rules, North Carolina College of Emergency Physicians (NCCEP) "Standards for Medical Oversight and Data Collection", and North Carolina Office of Emergency Medical Services (NCOEMS) policies.

The Logistics Unit representative from each regional office has gone to great lengths to ensure that this manual is in a user-friendly format that is easy for new, as well as existing employees, to understand. It is also the Logistic Unit's intent to have this document reference laws, rules, and OEMS policy statements to allow for easy reference when more detailed information is required.

The Logistics Unit has developed a tool to outline the inspection procedures to be utilized during the inspection process. General Statutes, NCCEP documents, and NCOEMS policies are included to support the information contained in this manual.

## II. DEFINITIONS AND TERMS

<b>Air Medical Ambulance (Fixed Wing and Rotary Wing)</b>	An aircraft specifically configured and medically equipped to transport patients by air. The patient care compartment of an air medical ambulance shall be staffed by medical crewmembers approved for the mission by the Medical Director. See 10A NCAC 13P .0102 (5).
<b>Ambulance – Type I</b>	Conventional, truck cab-chassis with a modular ambulance body. This shall also include the medium duty chassis vehicles.
<b>Ambulance – Type II</b>	Standard van, integral cab-body ambulance.
<b>Ambulance – Type III</b>	Cutaway van, cab-chassis with integrated modular ambulance body. This shall also include the medium duty chassis vehicles.
<b>Convalescent Ambulance</b>	An ambulance used on a scheduled basis solely to transport patients having known, non-emergency medical conditions. Convalescent ambulances shall not be used in place of any other category of ambulance. These ambulances shall not be equipped, permanently or temporarily, with any emergency warning devices, audible or visual, other than those required by Federal Motor Vehicle Safety Standards. Convalescent ambulances shall not have emergency medical symbols, such as the Star of Life, block design cross, or any other medical markings, symbols, or emblems, including the word “Emergency” on the vehicle. These ambulances must have the words “Convalescent Ambulance” permanently displayed on both sides and the rear of the vehicle body. See 10 NCAC 13P .0102 (11).
<b>EMS Non-transporting Vehicle</b>	A motor vehicle dedicated and equipped to move medical equipment and EMS personnel functioning within the scope of practice of EMT-I or EMT-P to the scene of a request for assistance. EMS non-transporting vehicles shall not be used for the transportation of patients on the streets, highways, waterways, or airways of the state. Privately owned vehicles (personal owned vehicles) are not eligible to be permitted as a non-transport vehicle. See 10 NCAC 13P .0102 (18).
<b>Ground Ambulance</b>	An emergency ambulance used to transport patients with traumatic or medical conditions or patients for whom the need for emergency or non-emergency medical care is anticipated either at the patient location or during transport. Ground ambulances may be used to transport all types of patients. See 10A NCAC 13P .0102 (25).
<b>In Service Vehicles</b>	Vehicles that are “in service” must have at least one each of supplies, equipment, medications, and staffing for the appropriate level and all items present must be in date. All items must be secured and should be stored per manufacturer’s requirements.
<b>Ineligible</b>	A permit is denied when a vehicle does not meet minimum standards for equipment or general vehicle requirements. If a vehicle scores more than the prescribed amount of points allowable, the permit may be denied.
<b>Inspection</b>	The inspection shall be consistent with the standards contained in this procedure document and OEMS policy statements. The OEMS representative must use the criteria defined in this document to inspect all medications/equipment/supplies using the current OEMS approved vehicle inspection check sheet. When conducting the inspection, the OEMS representative shall complete all information required on the vehicle inspection check sheet.
<b>Inspection Pending</b>	Vehicle status in Continuum that indicates a new unit has been added to an agency’s fleet and is awaiting a permitting inspection.
<b>Logistics Specialist</b>	The Regional Specialist appointed by each Regional Manager to be the primary contact for all issues surrounding vehicle inspections. This person is responsible for ensuring that all inspections are completed as per this inspection manual.
<b>Mass Evacuation Bus</b>	A Medical Ambulance/Evacuation Bus is a multiple passenger vehicle configured and medically equipped for emergency and non-emergency transport of at least three (3) stretcher bound patients with traumatic or medical conditions.
<b>Multitask Vehicle</b>	This vehicle is classified as a type of specialty care transport ambulance designed and operated for the provision of specialized medical care and transportation of critically ill or injured patients between health care facilities and for patients who are discharged from a licensed health care facility to their residence that require specialized medical care during transport which exceeds the normal capability of the local EMS System. This vehicle transports all ages and can manage all patient conditions.

<b>Not-in-Service Vehicles</b>	Not-in-Service Vehicles are units that are mechanically unable to respond. Not-in-Service Vehicles should be appropriately noted in Continuum. Not eligible for permit.
<b>Operational Level</b>	The patient care level at which the vehicle may function and if the vehicle is part of a specialty care program.
<b>Pediatric Vehicle</b>	A Pediatric Specialty Care Ground Ambulance is an ambulance used to transport only those patients eighteen (18) years old or younger with traumatic or medical conditions or for whom the need for specialty care or emergency or non-emergency medical care is anticipated during an interfacility or discharged patient transport.
<b>Provider Name</b>	This is the legal name on the Provider License who owns or operates the vehicle and should be consistent with the name as listed in the OEMS Continuum provider database.
<b>Ramp Inspections</b>	An unannounced vehicle inspection that is performed at a medical or patient care residential facility. The ramp inspection will be conducted in accordance with the OEMS Vehicle Spot and Ramp Inspections Policy.
<b>Retired Vehicle</b>	A vehicle that is being removed from an agency for any reason with the intent that vehicle will not return to the agency's active fleet.
<b>Satisfactory Rating/Permit</b>	If the vehicle's mandatory items are compliant and no more than two required items are missing, the vehicle permit will be issued.
<b>Scheduled Inspection</b>	An inspection scheduled by either a provider, Regional Specialist, or OEMS representative. Inspections will address all types of transport and non-transport vehicles and may be performed at the provider's base station, satellite location, or at a medical facility (refer to Section III: Systems Development: Scheduled Vehicle Permitting Inspections).
<b>Specialty Care Ground Ambulance</b>	An emergency ambulance specifically designed and equipped to transfer critically ill patients from one medical facility to another or as ground support to a permitted air ambulance program. The patient care compartment or Specialty Care Ambulance must be staffed by appropriately credentialed or licensed personnel approved for the mission by the program Medical Director. The term "Specialty Care Transport Program" means a program designed and operated for the provision of specialized medical care and transportation of critically ill or injured patients. Such programs must include, at a minimum, a designated physician, Medical Director, and written transfer protocols. See 10 NCAC 13P .0102 (45) and 10 NCAC 13P.0301.
<b>Spot Inspections</b>	An unannounced, full vehicle inspection that is performed at the provider's base, and/or satellite location(s) but can be done elsewhere with the approval of the Manager/Assistant Chief. The inspection, and any necessary follow-up actions, are conducted the same as a scheduled inspection.
<b>Summary Suspension</b>	When all corrective measures have been exhausted and a vehicle still does not meet the minimum requirements for the issuance of a vehicle permit. See 10A NCAC 13P .1508 and .1509.
<b>Tail Number (Air Ambulances)</b>	Identification number assigned by the FAA (all numbers start with the letter "N").
<b>Temporary Permit</b>	A type of permit issued when the Regional Specialist determines it is in the best interest of the public for the vehicle to operate. See "Issuance of Temporary Vehicle
<b>Vehicle Identification Number</b>	The chassis manufacturer's identification number.
<b>Vehicle Inspection Report (VIR)</b>	Tool used to assist with the inspection and documentation of a vehicle inspection. A point system scoring method is used and is listed on the VIR. The scoring system for the supplies, equipment, and medications is described and included in this document.
<b>Vessel Registration Number (Water Ambulance)</b>	The bow identification number assigned by the NC Wildlife Commission.
<b>Water Ambulance</b>	A watercraft specifically configured and medically equipped to transport patients. This type of watercraft differs from "rescue boats" in that water ambulances are equipped primarily for medical emergencies and transportation of sick or injured persons, not dragging operation or other similar rescue activities. See 10A NCAC 13P .0102 (57).

### III. GENERAL INFORMATION

#### VEHICLE CATEGORIES

A vehicle can only be permitted in one category, but a provider can have vehicles in more than one category.

#### TYPES OF AMBULANCES

**Ground Ambulance:** "Ground Ambulance" means an ambulance used to transport patients with traumatic or medical conditions, or patients for whom the need for specialty care or emergency or non-emergency medical care is anticipated either at the patient location or during transport. Ground ambulances may be used to transport all types of patients.

See 10A NCAC 13P .0102 (25).

- **Type I Ambulance** – Conventional, truck cab-chassis with a modular ambulance body. This shall also include the medium duty chassis vehicles.
- **Type II Ambulance** – Standard van, integral cab-body ambulance.
- **Type III Ambulance** – Cutaway van, cab-chassis with integrated modular ambulance body. This shall also include the medium duty chassis vehicles.

**Convalescent Ambulance:** "Convalescent Ambulance" means an ambulance used on a scheduled basis solely to transport patients having a known non-emergency medical condition. Convalescent ambulances shall not be used in place of any other category of ambulance defined in this Subchapter. These ambulances shall not be equipped, permanently or temporarily, with any emergency warning devices, audible or visual, other than those required by Federal Motor Vehicle Safety Standards. Convalescent ambulances shall not have emergency medical symbols, such as the Star of Life, block design cross, or any other medical markings, symbols, or emblems, including the word "Emergency" on the vehicle. These ambulances must have the words "Convalescent Ambulance" permanently displayed on both sides and the rear of the vehicle body, and have reflective tape affixed to the vehicle such that there is reflectivity on all sides of the vehicle. See 10 NCAC 13P .0102 (11) and 10 NCAC 13P .0208.

**EMS Non-transporting Vehicle:** "EMS Non-transporting Vehicle" means a motor vehicle dedicated and equipped to move medical equipment and EMS personnel functioning within the scope of practice of EMT-I or EMT-P to the scene of a request for assistance. EMS non-transporting vehicles shall not be used for the transportation of patients on the streets, highways, waterways, or airways of the state. Privately owned vehicles (personal owned vehicles) are not eligible to be permitted as a non-transport vehicle. See 10 NCAC 13P .0102 (18), 10 NCAC 13P .0213, and 10 NCAC 13P .0214.

**Specialty Care Ambulance:** An emergency ambulance specifically designed and equipped to transfer critically ill patients from one medical facility to another or as ground support to a permitted air ambulance program. The patient care compartment or Specialty Care Ambulance must be staffed by appropriately credentialed or licensed personnel approved for the mission by the program Medical Director. The term "Specialty Care Transport Program" means a program designed and operated for the provision of specialized medical care and transportation of critically ill or injured patients between health care facilities and for patients who are discharged from a licensed health care facility to their residence that require specialized medical care during transport which exceeds the normal capability of the local EMS System. Such programs must include, at a minimum, a designated physician, Medical Director, and written transfer protocols. See 10 NCAC 13P .0102 (45) and 10 NCAC 13P .0301.

**Pediatric Care Ambulance:** A "Pediatric Specialty Care Ground Ambulance" is an ambulance used to transport only those patients eighteen (18) years old or younger with traumatic or medical conditions or for whom the need for specialty care or emergency or non-emergency medical care is anticipated during an inter-facility or discharged patient transport. See 10A NCAC 13P .0218. Pediatric Specialty Care Ground Ambulances operated within the approved Specialty Care Transport Program dedicated for inter-facility transport of non-emergent, emergent, and critically ill or injured or discharged Neonatal and Pediatric patients are exempt from the requirements of G.S. 131E-158(a). The Specialty Care Program Medical Director shall determine the staffing that is sufficient to manage the severity of illness or injury of the patients transported in the Pediatric Specialty Care Ground Ambulance. See 10A NCAC 13P .0220.

**Air Medical Ambulance:** "Air Medical Ambulance" means an aircraft configured and medically equipped to transport patients by air. The patient care compartment of air medical ambulances shall be staffed by medical crew members approved for the mission by the Medical Director. See 10A NCAC 13P .0102 (5).

**Water Ambulance:** "Water Ambulance" means a watercraft specifically configured and medically equipped to transport patients. This type of watercraft differs from "rescue boats" in that water ambulances are equipped primarily for medical emergencies and transportation of sick or injured persons, not dragging operations or other similar rescue activities. See 10A NCAC 13P .0102 (57).

**Medical Ambulance/Evacuation Bus:** "Medical Ambulance/Evacuation Bus" is a multiple passenger vehicle configured and medically equipped for emergency and non-emergency transport of at least three (3) stretcher bound patients with traumatic or medical conditions. See 10A NCAC 13P .0217 (a).

## **VEHICLE RATING AND TYPES OF PERMITS**

Items required to be inspected prior to the issuance of a vehicle permit have been grouped into two categories: Automatic Failure Items and Required Items. Automatic Failure items are mandatory items that are required on each vehicle and are not allowed to be omitted or missing during an inspection. Required Items are required, but missing items may not necessarily affect a current permit or the ability to issue a permit, provided no more than two (2) required items are missing.

- **Missing a mandatory item may result in Summary Suspension or refusal of a permit.**
  - **Missing three (3) or more required items may result in Summary Suspension or refusal of a permit.**
1. **Satisfactory Rating:** If the vehicle has all Mandatory Equipment, and is compliant with all Required Equipment requirements, the vehicle permit will be issued.
  2. **Temporary Permit:** This type of permit is issued when the Regional Specialist determines it is in the best interest of the public for the vehicle to operate. OEMS policies state temporary permits may be issued in the following cases:
    - a) **The provider needs to place a non-permitted vehicle in service immediately.**

In the event of an emergency and if the Regional Specialist is unable to schedule a vehicle inspection immediately, a provider may make a verbal request for a temporary permit to place in operation a non-permitted vehicle. **It should be noted that this type of temporary permit is not intended to be a convenience tool for field staff. This type of approval can only be issued under extraordinary circumstances and only when it is in the public's best interest.** If approved, the provider must follow up on the verbal request with an immediate Temporary Permit application submission via Ready Op explaining the circumstances involved and assurances that the vehicle will be operated in compliance with all rules. The Ready Op request must include the Vehicle Identification Number (VIN), make, and model the vehicle, and all required form fields. If deemed appropriate, the Regional Manager, or designee, may issue, by phone, an approval for a period not to exceed **five (5) working days**. A written confirmation shall be forwarded to the provider within twenty-four (24) hours of approval. The provider shall be instructed to retain this approval in the driver's compartment of the vehicle. A copy of the Temporary Permit on Ready Op shall be archived once approved and issued. The Regional Specialist shall schedule a time for inspection within the **five (5) day** expiration period.
    - b) **A provider borrows a vehicle from outside the system or vendor in an emergency.**

Upon application via electronic submission to Ready Op, a licensed EMS provider may receive a temporary permit when it is deemed necessary by the Regional Specialist for the provider to borrow a permitted vehicle from another licensed EMS provider **outside** the system. The requesting provider shall provide the Regional Specialist the following information:

      - The name of the licensed provider the vehicle is being borrowed from.
      - The permit number affixed to the vehicle being borrowed; and
      - The length of time estimated that the borrowed vehicle will be needed.
      - A new permit must be issued each time unit changes Systems for billing purposes.

A ten (10) day temporary permit may be issued until a Regional Specialist can conduct a full inspection and issue a permit. Temporary permits may not exceed sixty (60) days and shall be noted in Continuum by adding a new "temporary" permit to the vehicle in the permit section. Permitted vehicles borrowed within the same EMS system do not require approval by the Office of Emergency Medical Services. Upon issuing any type of temporary permit, the Regional Manager shall be notified, and the Regional Specialist shall schedule an inspection with the provider prior to the end of the temporary permit expiration date. The Regional Manager may be notified by phone, text, or e-mail. The Regional Specialist shall submit the vehicle inspection report and any other documentation to the Logistics Specialist for review and filing.
    - c) **New vehicles to the provider**
    - d) **Unit with a broken windshield**
  3. **Summary Suspension:** When all corrective measures have been exhausted and a vehicle still does not meet minimum requirements for the issuance of a vehicle permit, the Regional Specialist shall (see Systems III: System Development: Scheduled Vehicle Permitting Inspections):
    - a) Notify the Regional Manager and the Assistant Chief of the need to execute a Summary Suspension of a vehicle permit. The Regional Manager shall contact the Assistant Chief and the Compliance Manager that a Summary Suspension is deemed necessary. The Compliance Manager shall contact the Attorney General's Office. Upon approval, the Compliance Manager shall issue a letter of Summary Suspension to the appropriate

person of the EMS Provider that the vehicle is affiliated. A Summary Suspension serves as a legal document that notifies the provider that the Department has determined that the vehicle shall cease operation until the deficiencies are corrected and the vehicle is re-inspected (see template in appendix). After serving the Summary Suspension, the permit shall be removed from the vehicle and the provider shall be instructed that the vehicle shall not operate until the vehicle is re-inspected. This notification of Summary Suspension may be served upon the staff operating the vehicle. However, the Regional Specialist shall contact an official for the provider notifying them of this action, what steps are necessary to comply with the vehicle inspection requirements, and their right to a contested case hearing as per 10A NCAC 13P .1506.

- Once a Summary Suspension has been served, the Regional Manager shall notify in writing the County Manager, EMS System Administrator, and the Medical Director of the action taken. Documentation of this notification shall be kept on file in the regional office (see Record Keeping).
  - The Regional Specialist shall advise the provider to notify the office when the vehicle is ready for re-inspection. The Regional Specialist shall submit the vehicle inspection report and any other documentation to the Logistics Specialist for review and filing.
4. **Ineligible:** Once a vehicle has been determined ineligible for a permit (10A NCAC 13P.1506), the Specialist shall:
- a) Complete a Vehicle Inspection Report in Continuum noting all deficiencies found and capture the P numbers of the crew present (if applicable) but at minimum the name and P number of the provider representative present for inspection. A copy of the report shall be delivered electronically, automatically by Continuum, to the Agency Primary Contact and System Administrator.
  - b) Advise the provider once the deficiencies are corrected to contact the OEMS Logistics Specialist for re-inspection.
  - c) Consider issuing a Temporary Permit if it is in the best interest of the public for the vehicle to be allowed to operate (see Section III: Systems Development Policy: Issuance of Temporary Vehicle Permits).
  - d) Advise the Agency Primary Contact to mark the vehicle as “Not In Service” in Continuum until such time the vehicle is re-inspected and obtains a valid permit for operation.

## **TYPES OF INSPECTIONS**

1. **Permitting Inspection:** A scheduled, full vehicle inspection, that is performed at the provider’s base of operation initially when a new vehicle is added to the agency’s fleet. A permitting inspection is then conducted every two years thereafter on each permitted vehicle to renew the ambulance permit.
2. **Compliance Inspection:** An unannounced inspection, abbreviated or full, of EMS vehicles performed at the discretion of the Regional Specialist to ensure compliance of minimum vehicle equipment standards regulated by NCOEMS.
  - a) **Spot Inspection:** An unannounced, full vehicle inspection that is performed at the provider’s base and/or satellite location(s) but can be done elsewhere with the approval of the Regional Manager/Assistant Chief. The inspection, and any necessary follow-up actions, are conducted the same as a permitting inspection.
  - b) **Ramp Inspection:** An unannounced vehicle inspection that is performed at a medical or patient care residential facility. The ramp inspection will be conducted in accordance with the OEMS Ramp Inspection Policy.
    - Each region’s Logistics Specialist shall coordinate ramp inspections. The Regional Manager shall give primary approval; however, the Chief, or Assistant Chief of the agency can also approve the ramp inspections. The inspection should not be conducted by more than three (3) Regional Specialists unless approved by the Regional Manager and should be conducted at the Emergency Department of predetermined facilities. Upon arrival, necessary arrangements are to be made with the security and hospital officials by the Regional Specialist responsible for the selected facility. Inspection procedures shall not interfere with the patient care, the transfer of the patient to the medical facility, or with the operation of the ambulance should they receive or have a request for an emergency transport.
    - Mandatory items on the selected Vehicle Inspection Report (VIR) for the vehicle type are to be inspected. The Regional Specialist may, at their discretion, expand the ramp inspection to a regular vehicle inspection.



## **VEHICLE INSPECTION PROCEDURES**

**Application/Request for Inspection/Scheduling the Inspection:** To schedule a vehicle inspection, the organization must have a Provider License or have submitted a Provider License Application. EMS providers shall contact the appropriate Regional EMS Office to plan for the inspection. Regional Specialists shall conduct re-inspections, spot, and ramp inspections as outlined under the “Types of Inspections” section of this manual.

For vehicles at Specialty Care levels, the Provider must ensure that a current “Specialized Ambulance Protocol Summary” (SAPS) form has been submitted, reviewed, and approved by OEMS. The OEMS Regional Specialist, or inspector, will utilize the SAPS form during the inspection. All other levels (EMT, AEMT, Paramedic, etc.) will be required to have medications, equipment, and supplies as listed on the VIR.

## **INITIATING A VEHICLE INSPECTION**

**New Vehicles:** All initial vehicle inspections will include Mandatory, and Required Items listed on the VIR for the desired level of care the agency is seeking an initial ambulance permit for.

**In Service Vehicles:** Before initiating the inspection, the OEMS representative must determine whether the vehicle is in an “In Service” status. Vehicles that are “In Service” must have at least one (1) each of supplies, equipment, medications, and staffing or agency representative present during the inspection. All items must be in date. All items must be secured and should be stored per manufacturer’s requirements.

**Not-in-Service Vehicles:** Not-in-Service Vehicles are units that are unable to respond. Not-in-Service Vehicles should be appropriately noted in Continuum.

**Inspection:** The inspection shall be consistent with the standards contained in this procedure document and OEMS policy statements. The OEMS representative must use the criteria defined in this document to inspect all medications, equipment, and supplies using the current OEMS approved Vehicle Inspection Report (VIR). When conducting the inspection, the OEMS representative shall complete all information required on the VIR.

## **RECORD KEEPING**

**Entry of Data into Continuum Vehicle Database:** Logistics Specialists in each Regional Office are responsible for ensuring that all vehicle inspections have been entered into Continuum. The Logistic Specialist can allow each Specialist to enter their respective vehicle inspection information into Continuum. Vehicle Inspection information shall be entered into Continuum within the following period:

- Satisfactory vehicle inspections shall be entered within five (5) business days.
- Summary Suspensions and permit Denials shall be entered within twenty-four (24) hours of the inspection.
- Temporary permits issued to a provider, so they can place a vehicle in service without inspection, shall be entered within twenty-four (24) hours of the approval. The electronic application in Ready Op should be completed and archived after issuance to the provider and entering the temporary permit information into Continuum.
- Borrowing of a permitted vehicle by a provider outside the system shall be noted in Continuum under the current permit number within twenty-four (24) hours. The electronic application in Ready Op should be completed and archived after issuance to the provider and entering the temporary permit information into Continuum.

## **VEHICLE REQUIREMENTS**

### **1. Displayed Permit (required) 10A NCAC 13P .0211**

Any ambulance or non-transporting vehicle, after meeting the inspection requirements, must maintain a current vehicle permit issued by the OEMS at such a place on the vehicle as designated by a representative of the OEMS. Place the vehicle permit in the lower right section of the vehicle’s windshield, except for air and water vehicles. Air and water vehicle permits shall be always maintained with the vehicle and shall be kept in a location on the vehicle designated by the provider. Ambulance permits shall not be transferred except in the case of air medical ambulance temporary replacement aircraft when the primary aircraft is out of service.

**2. Permit (required) 10A NCAC 13P .0211**

No person, firm, corporation, or association, either as owner, agent, provider, or otherwise, shall furnish, operate, conduct, maintain, advertise, or otherwise engage in or profess to be engaged in the business or service of transporting patients upon the streets or highways, waterways, or airways in North Carolina unless a valid permit from the department has been issued for each ambulance used in the business or service. Vehicles permitted by the OEMS shall be in accordance with OEMS policy. It shall be the responsibility of the EMS provider to apply to the Office of Emergency Medical Services for a permit to operate that vehicle.

- a) A vehicle permit shall not be transferred except in the case of an air medical ambulance when the primary aircraft is out of service and replaced with another aircraft.
- b) Permit must be applied by authorized NCOEMS staff only.
- c) Permits removed for any reason are null and void.

## IV. VEHICLE INSPECTION REPORTS (VIR)

(Information to be completed on forms)

### Provider Information

- **Provider Name (10A NCAC 13P .0204)**  
This is the legal name on the Provider License of who owns the vehicle and should be consistent with the name as listed in the Continuum provider database.
- **System Affiliation (10A NCAC 13P .0204)**  
Enter county name. (Air Medical SCTP may be unaffiliated per 10A NCAC 13P .204(d))
- **Operational Level – EMT, AEMT, Paramedic, or Specialty Care**  
Utilize the appropriate level check sheet for inspection of the unit.
- **VIPER ID Number**  
Key radio up to verify VIPER ID number on screen and record as indicated.

### Vehicle Information

- **Current Permit Number**  
Indicate the OEMS permit number if the vehicle is currently permitted.
- **Vehicle Identification Number (VIN)**  
This is the chassis manufacturer's identification number.
- **Tail Number (air ambulances)**  
This is the identification number assigned by the FAA (all numbers start with the letter "N").
- **Vessel Registration Number (water ambulances)**  
This is the bow identification number assigned by the NC Wildlife Commission.
- **Assigned Vehicle Number**  
Indicate the unit number (usually agency specific identifier. i.e., EMS 1, Medic 403, etc.).  
If unit numbers are rotated throughout the fleet, indicate the last four (4) digits of the VIN number.
- **Chassis Manufacturer and Year**  
This is the chassis manufacturer such as Ford, Chevrolet, etc.
- **Ambulance Body Manufacturer and Year**  
This is the manufacturer of the box such as AEV, Southeastern, Wheeled Coach, etc. and the year the box was constructed.
- **Fuel Type**  
Diesel, Gasoline, Jet-A, etc.
- **Inspection Type**  
Indicate if this is an initial permit, spot inspection, ramp inspection, or re-inspection.  
**Note: Ramp Inspection Requires Automatic Failure Items Checked; Spot Inspections Require a Full Inspection.**
- **Height & Length (new vehicles only)**  
Measurements of new vehicles.
- **Ambulance Type**  
Type I, Type II, Type III
- **4 x 4**  
Denote if the unit is 4 x 4.

**Note: Ramp Inspection Requires Automatic Failure Items Checked; Spot Inspections Require a Full Inspection.**

## SPECIFIC INSPECTION ITEMS FOR VIRs

### Automatic Failure Items

#### **Vehicle Body & Function (10A NCAC 13P.0207-.0210)**

*(Ground, Air, and Water Ambulances; Non-Transport Vehicles)*

- The vehicle is not to have structural or functional defects that may adversely affect the patient, the EMS personnel, and/or the safe operation of the vehicle. The vehicle must be mechanically operational. Areas to be evaluated include:
  - Windshield – Any defects that interfere with the driver's vision are unacceptable.
  - Doors – All doors must open, close, and latch properly.
  - Flooring – The floor of the cab or cabin and the patient compartment must be free from holes or structural defects.
  - Exposed sharp edges – Any damage to exterior surfaces, which might cause injury.
  - Tires – Slick and/or wire showing.
  - Patient Compartment – Seat upholstery must be free from rips, tears, or damage that could potentially be a biohazard concern for BBP.

#### **Mounted Fire Extinguisher (10A NCAC .0207(3)(A))**

*(Ground Ambulances, Convalescent, Non-transport, and Water Vehicles)*

- Provider must decide on type and size
- Unit must be mounted to the vehicle in a quick-release bracket
- Must be in-date (serviced) and charged

#### **Appropriate Restraints for Crew and Non-Patient Passenger**

*(Ground, Air, and Water Ambulances)*

- Adequate safety restraints for a minimum of two (2) passengers.

#### **Warning Devices – Lights & Sirens (10A NCAC 13P .0207 (6))**

*(Ground Ambulances, Non-Transport Vehicles)*

- All Ground ambulances and Non-Transport vehicles, for which a permit is issued, must have emergency warning lights and audible warning devices mounted on the vehicle as required by G.S. 20-125 in addition to those required by Federal Motor Vehicle Safety Standards. All warning devices must function in the way they were designed to function.
- Emergency warning lights must be operable in all zones (front, rear, both sides, upper, lower). If emergency warning lights are inoperable, resulting in the vehicle not being reasonably visible 360 degrees, this shall constitute an automatic failure.

#### **Two-way Radio in Front & Radio Control Device Mounted in Patient Compartment (10A NCAC 13P .0207(8))**

*(Ground and Air Ambulances; Non-transport Vehicles)*

- A radio mounted to the vehicle for safe operation and control by the vehicle driver.
  - Radio must be permanently mounted, or in a permanently mounted charging device with direct wiring.
- Ground Ambulances must be equipped with a radio control device mounted in the patient compartment capable of operation by the patient attendant to receive on-line medical direction.
  - Non-Transport Vehicles are only required to have one two-way radio device
- Radio must have sufficient range, radio frequencies, and capabilities to establish and maintain two-way voice radio communications center or Public Safety Answering Point (PSAP) designated to direct or dispatch the deployment of the ambulance.
- Radio must be capable of establishing two-way voice communications from within the defined service area to the emergency department of the hospital(s) where patients are routinely transported and to facilities that provide on-line medical direction to EMS personnel.
- Convalescent vehicles are not required to have a radio but must have either an operational two-way radio or a cellular phone.
- Rotor Wing Air Ambulances must have an operational two-way radio for aircraft to EMS communications.
- Water vehicles must have a marine radio

**Notes:**

Conduct audible inspection of transmitter and receiver by having provider conduct radio checks with OEMS staff car radio, hospital, or their communications center.

Ground ambulances shall not use a radiotelephone device such as a cellular telephone as the only source of two-way voice communication.

Other communication instruments or devices such as data radio, facsimile, computer, or telemetry radio shall be in addition to the mission dedicated dispatch radio and shall function independently from the mission dedicated radio.

**Interior Dimensions – Minimum 48” x 102” (10A NCAC 13P .0207 and .0208)**

*(Ground Ambulances Only)*

- The length, measured on the floor from the back of the driver's compartment driver seat or partition to the inside edge of the rear loading doors, is at least 102”.
- The height is at least 48” over the patient area, measured from the approximate center of the floor, exclusive of cabinets or equipment.

**Wheeled Cot with Securing Straps**

*(Ground Ambulances Only)*

- Elevating cot with a mattress pad with a nonporous cover (free from rips, tears, or otherwise compromised integrity).
- Cot must be equipped with restraining straps.
  - Straps must be configured on cot according to manufacturer recommendations to include shoulder harness/straps.
  - Check straps and buckles for proper operation.
- Cot must be secured to the floor or side wall with manufacturer approved crash stable fasteners.
- Check elevating device to assure that it is operable.
- Check head elevation device to assure that it is operable.
- Check cot for cleanliness.

**O<sub>2</sub> Cylinder(s) with Regulator**

*(Ground, Air, and Water Ambulances; Non-Transport Vehicles)*

- Turn regulator on and test function.
- Non-transport Vehicles only require one (1) source
- Ground, Air, and Water ambulances require two (2) sources

**Suction Apparatus with Tubing (2 Sources)**

*(Ground, Air, and Water Ambulances; Non-Transport Vehicles)*

- Non-transport Vehicles only require one (1) source
- Ground, Air, and Water ambulances require two (2) sources
- The device must be clean, functional, and all tubing should be clean and free of foreign matter
- Water bottle should be clean and full of water
  - Sterile saline solution or water may be used if the minimum requirement of sterile water is not compromised
- Pinch off hose to check for leaks
- Manual suction devices (hand powered) can be used
- If portable unit is battery operated, unplug from charging source and check operation of unit
- One (1) spare canister is required
- Pinch off hose to check for leaks.

**Bag Valve Mask**

*(Ground, Air, and Water Ambulances; Non-Transport Vehicles)*

- Vehicles must have a minimum of one Adult and one Child sized bag
- Vehicles must have at least one of each: Adult, Child, Infant, and Neonatal masks
- Bags should be hand-operated and self-inflating
- The device should be clean, functional, and have oxygen tubing included

## **AED with Adult & Pediatric Pads (EMT)**

*(Ground & Water Ambulances)*

- One set of Adult pads
- One set of Pediatric Pads
- Adult / Child Combination Pads will satisfy the adult requirement, but often will not satisfy the pediatric requirement
  - Ensure that pediatric pads are capable of defibrillating infants <10 kilograms
- Check expiration date on pads
- Ensure pads are compatible with device (i.e., Zoll pads connector for Zoll defibrillator)
- Ensure AED pads are compatible with AED devices
  - Some generic defibrillation pads are not compatible with AEDs

## **Sphygmomanometer (Cuff & Devices) for Pediatric, Normal Adult, and Adult Large**

*(Ground, Air, and Water Ambulances; Non-Transport Vehicles)*

- The vehicle must be equipped with at least one (1) adult size aneroid or electronic blood pressure cuff. The inspector should inflate the cuff and see if it holds pressure, and that the Velcro holds it in place. When deflating the cuff, the needle should fall back to the mark at the bottom of the gauge (6 o'clock position or inside the "0"). The cuff should be clean and free of any damage.

## **Stethoscope**

- Check for cleanliness.

## **Heating & Cooling Source (10A NCAC .0207(9))**

- Ensure that the heating and cooling sources are operating appropriately.

## **Patient Compartment Lighting**

- All installed lighting fixtures must illuminate as intended.

## **Trauma Tourniquet**

- Can be a commercial device, or equipment must be present to fashion a tourniquet.
- IV tourniquets are not acceptable for this requirement.

## **Copy of Protocols (10A NCAC 13P .0207 (10))**

- All vehicles must have access to a copy of currently approved system protocols – electronic or hard copy.
  - If electronic, must be on agency owned device. Cannot be on provider's personal device.

## **CASS or NFPA Standard**

- **Ambulances contracted after July 1, 2018, must meet either CASS or NFPA Standard. Check outside compartment for label.**
- **CAAS GVS Version in effect when the vehicle was contracted for by the agency is the oldest acceptable version to meet this requirement.**

## **Blind Insertion Airway Device (BIAD) with syringe (adult and pediatric sizes)**

All Paramedic Systems must have an airway backup. This can be a Combitube, Laryngeal Mask Airway (LMA), or Surgical Cricothyrotomy. Systems performing Rapid Sequence Induction (RSI) must have the ability to perform Surgical Cricothyrotomy. Commercial Cricothyrotomy or Tracheostomy kits that create an airway comparable to a surgical Cricothyrotomy are acceptable.

All EMS Systems at all levels must carry some version of a Blind Insertion Airway Device. This may be either the Combitube, King LT, iGel, or LMA device. Pediatric size is mandatory. EMT Systems must fall under medical direction to use BIADs.

## **Magill Forceps (adult & pediatric sizes)**

## **IV Admin Set Micro/Macro**

*(Ground Ambulances, Non-transport; AEMT & Paramedic)*

- Check for IV sets appropriate for IV administration
- Check expiration dates
- Agencies utilizing IV infusion pumps are not required to carry macro IV drip sets

#### **IV Catheters in at least 4 sizes (14, 16, 18, 20, 22, and 24g)**

*(Ground Ambulances, Non-transport, and Water Vehicles; AEMT & Paramedic)*

- Check for sizes 14-24g and expiration dates

#### **Needles in various sizes (1 must be 1.5 in for IM injections)**

#### **Syringes (in at least 3 sizes)**

#### **Waveform Capnography / CO<sub>2</sub> Detector**

All AEMT and Paramedic Systems must use either Capnometry (Numeric) or Waveform Capnography to confirm every intubation. **Paramedic systems performing Rapid Sequence Induction (RSI) must use Waveform Capnography to confirm tube placement, no exceptions.**

All EMT, AEMT, and Paramedic Systems must use at a minimum, Colormetric ETCO<sub>2</sub> detector to confirm the placement of every BIAD until Waveform Capnography is available on scene.

#### **Monitor/Defibrillator with Electrodes & 2 Sizes of Pads or Paddles with 12 Lead Capability**

*(Ground, Air, Non-transport, and Water Vehicles; Paramedic)*

- Check to make sure device is operational and functions properly.
- Check preventative maintenance on monitor in accordance with manufacturer's recommendation.
- Check for at least one pair of adult and pediatric (<10 KG) defibrillation pads or paddles.
- Check for adult & pediatric electrodes.
- Check all expiration dates.
- Check package for any openings that may compromise the electrodes or pad function.

#### **Pacemaker – Transcutaneous/External**

#### **Intraosseous Needles (adult & pediatric sizes)**

#### **Chest Decompression Needle (3.0" or longer & 14ga or larger)**

#### **Surgical Cricothyrotomy Airway Kit (required for RSI only)**

All Paramedic Systems must have an airway backup. This can be a Blind Insertion Airway Device (BIAD) or Surgical Cricothyrotomy. **Systems performing Rapid Sequence Induction must have the ability to perform Surgical Cricothyrotomy.** Commercial Cricothyrotomy or Tracheostomy kits that create an airway comparable to a surgical Cricothyrotomy are acceptable.

#### **ET Blades (3 adult & 3 pediatric sizes)**

*(Ground Ambulances, Non-transport, and Water Vehicles; AEMT & Paramedic)*

- Pediatric ET Blades are optional for AEMT
- Bulb must be in working order
- Must have assorted sizes of bulbs to replace primary bulbs

*Note: The OEMS representative should encourage blades to be stored in a sanitary manner either by specifically designed manufacturer's containers or re-packaged in a sanitary manner to avoid contamination.*

#### **ET Handles with Extra Batteries & Bulbs**

- Handles that are disposable or fiber optic may not require extra batteries or bulbs

#### **ET Tubes (3 adult & 3 pediatric sizes)**

*(Ground Ambulances, Non-transport, and Water Vehicles; AEMT & Paramedic)*

- ET Tubes are optional for AEMT
- The vehicle must be equipped with adult and pediatric size tubes with any combination from 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, and 7.0.
- Tubes should be transparent, flexible and not discolored. Tubes should be packaged in a way not to compromise sterilization. Tubes should be checked for expiration date.

**ET Stylettes (adult & pediatric sizes)**

*(Ground Ambulances, Non-transport, and Water Vehicles; AEMT & Paramedic)*

- ET Stylettes are optional for AEMT
- Check for stylette capable to be used for endotracheal intubation.

**Endotracheal Tube Introducer (adult & pediatric sizes)**



## **REQUIRED ITEMS**

**Bulb Syringe** (separate from OB Kit)

**Nasal Cannula for O<sub>2</sub> (adult & pediatric sizes)**

*(Ground Ambulances, Convalescent, Non-transport, and Water Vehicles)*

**Nasopharyngeal Airways (NPAs) (3 adult and 3 pediatric sizes)**

*(Ground Ambulances, Non-transport, and Water Vehicles)*

- Check expiration dates.
- Check for cleanliness of airways.

**Oropharyngeal Airways (3 adult and 3 pediatric sizes)**

*(Ground Ambulances, Convalescent, Non-transport, and Water Vehicles)*

- Check expiration dates.
- Different airway sizes ranging from infant to adult.
- Check for cleanliness of airways.

**Non-Rebreather with Tubing (adult & pediatric sizes)**

**Rigid Pharyngeal Suction Device**

*(Ground Ambulances, Convalescent, Non-transport, and Water Vehicles)*

- For machine operated suction device or replacement containers with a suction tip for handheld disposable suction device.
- Single-use, one (1) piece, rigid suction instruments or appropriate replacement containers with suction tip for handheld devices.
- If carrying handheld devices, must have replaceable container that have a rigid suction device attached.

*Note: If carrying battery powered suction units, must have rigid pharyngeal suction device with it.*

**Suction Catheters (one between 6F & 10F and one between 12F & 16F sizes)**

The vehicle must be equipped with soft suction catheters that are flexible, clean, and are not discolored. Catheters should be packaged in a manner not to compromise sterilization. The vehicle must be equipped with at least one (1) between 6F & 10F and one (1) between 12F & 16F.

**Suction Tubing**

- Tubing needs to be transparent and flexible

**Glucose Measuring Device**

Must have lancets and strips (remind providers to obtain a CLIA exception).

CLIA Waivers are not the responsibility of the OEMS, but if asked where to obtain information the contact number is (919) 733-1610. Glucose Measuring Devices and Pulse Oximetry is required to monitor any patient cared for within an EMT System.

- Test strips must be in date
  - If agency divides strips among multiple units, the original container must be presented to the inspector to verify test strip expiration date.
  - Test strip containers that are reused for this purpose must be re-labeled with new expiration date from supplying container.

**Pulse Oximeter (adult & pediatric sizes)**

Must have adult and pediatric probes.

**Long Backboard**

*(NOT required for Non-transport and Specialty Care Vehicles).*

Check for cleanliness and damage.

Note: A scoop style stretcher is NOT acceptable to meet this requirement.

**Three (3) Backboard Straps or equivalent**

*(NOT required for Non-transport and Specialty Care Vehicles).*

**Stair Chair or Folding Stretcher**

*(Ground Ambulances, Non-emergency, and Water Vehicles; NOT required for Non-transport or Specialty Care Vehicles).*

The vehicle must be equipped with a stair chair or folding stretcher. A combination model is acceptable, but the device must fold and be supported by a solid frame. A scoop stretcher will not meet this requirement.

**Cervical Spine Immobilization Device (S, M, &L)**

*(Ground Ambulances, Non-transport, and Water Vehicles)*

The vehicle must be equipped with adult and pediatric size extrication collars. Collars must be able to provide stabilization as opposed to only support, such as a soft collar. Collars must be clean with functioning Velcro or other fastener.

Any collar that indicates it is an extrication collar by the manufacturer's definition shall be accepted. Adjustable collars are acceptable for this requirement, but each vehicle must have at minimum one (1) for adult patients and one (1) for pediatric patients.

**Femur Traction Device (adult & pediatric sizes)**

*(Ground Ambulances, Water Vehicles; NOT required for Non-transport or Specialty Care Vehicles).*

The vehicle must be equipped with adult and pediatric sizes of extremity splinting devices that are functional for applying and maintaining traction. The device should be operational, clean, and have all straps and ankle support.

A commercial device that is designed for Adult or Pediatric device is acceptable. If using this type of device one device will meet the requirement for both Adult and Pediatric.

**Pediatric Restraint Device Available to Restrain < 40 lbs. (10A NCAC 13P .0207 (3)(B))**

The vehicle must have the availability of a car seat capable of safely restraining a non-injured, pediatric patient under forty (40) pounds in the patient compartment. The car seat does not have to be on the vehicle at all times if the Provider (Agency) has a means of maintaining the car seat in a way that it can be taken to the scene. The car seat should be clean, functional with straps, and free of structural damage.

**Pediatric Spinal Immobilization Extrication Device or Short Backboard with Straps (such as KED, XP-1, or SSB)**

*(Ground Ambulances, Non-transport, and Water Vehicles; NOT required for Specialty Care Vehicles)*

- Device must be equipped with chest and leg straps and accessories for stabilization of the head and neck.
- Check function of straps and accessories.

**Head Immobilization Device**

The vehicle must be equipped with a head immobilization device capable of immobilizing a patient's head while secured to a long backboard. Head blocks should be clean and functional (i.e., Velcro works appropriately, all accessories present, etc.). Rolled sheets or towels may be accepted if utilized by the provider.

**Adult Spinal Immobilization Extrication Device or Short Backboard with Straps (such as KED, XP-1, or SSB)**

*(Ground Ambulances, Non-transport, and Water Vehicles; NOT required for Specialty Care Vehicles)*

The vehicle must be equipped with at least one (1) device that can be used for adult spinal stabilization during extrication. The device can be a manufactured device, such as KEDTM or XP-1TM or a short backboard. The device should be equipped with chest and groin straps, and accessories for stabilization of the head and neck. The device should be clean and functional.

Specialty Care Transport Programs are not required to maintain this equipment on every response, but the equipment must be available on a case-by-case basis dependent on the patient care scenario.

### **Upper & Lower Extremity Immobilization Devices**

*(Ground Ambulances, Non-transport, and Water Vehicles; **NOT** required for Specialty Care Vehicles)*

The vehicle must be equipped with rigid padded board splints or be in kit form and must contain sufficient devices to immobilize an upper extremity fracture and a lower extremity fracture. Commercial vacuum, foam or other splinting systems will be adequate if they appear to be adequate to splint properly. Splints must be clean and free from blood or contaminants.

### **Burn Sheet**

*(Ground Ambulances, Convalescent, Non-transport, and Water Vehicles)*

The vehicle must be equipped with supplies designed to treat burn patients. The kit must include at least one (1) sterile sheet and towel. Items must be in-date and maintained in a sterilized package.

### **Cold Packs**

*(Ground Ambulances, Non-transport, and Water Vehicles)*

- Check expiration dates
- A pack capable of providing coldness when activated, or equivalent

### **Dressings/Bandages/Gauze Rolls**

*(Ground Ambulances, Convalescent, Non-transport, and Water Vehicles)*

### **Triangular Bandages (at least 2)**

### **Heavy Duty Scissors**

*(Ground Ambulances, Convalescent, Non-transport, and Water Vehicles)*

- Scissors must be capable of cutting clothes.
- Staff scissors do not satisfy this requirement.

### **Occlusive Dressing**

- Check to ensure that package integrity is not compromised
- Check expiration date

### **Adhesive Tape**

### **Sterile Irrigation Solution**

The vehicle must be equipped with sterile irrigation solution in plastic containers in addition to the fluids carried for intravenous use. Containers should be sealed for sterilization and not expired.

### **Alcohol Wipes**

*(Ground Ambulances, Non-transport, and Water Vehicles)*

Individual sterile wipes.

### **Bed Pan**

### **Urinal (1 convenience bag acceptable)**

### **Emesis Collection Device**

### **Pediatric Equipment/Medication System Guide (Broselow, Handtevy, etc.)**

### **Sheets, Pillows, Pillowcases, & Towels**

*(Ground Ambulances and Convalescent)*

- There must be a nonporous pillow on board the vehicle.
- Should be stored in a manner that will assure cleanliness.

### **Lubricating Jelly**

*(Ground Ambulances, Non-transport, and Water Vehicles)*

Water-soluble individual packs or tube

Check for expiration date

**Sterile OB Kit (scissors, bulb suction, cord clamps)**

*(Ground Ambulances, Non-transport, and Water Vehicles)*

- Must be sealed
- Kit must contain sterile gloves, scissors or scalpel, bulb suction, and cord clamps.

**Thermal Blanket (or other heat conserving device)**

*(Ground Ambulances, Convalescent, Non-transport, and Water Vehicles)*

- There must be a blanket or other heat-conserving device stored in the vehicle in a manner that will assure cleanliness.

**Thermometer (low temperature capability)**

- 86 degrees and higher

**Triage System**

Will accept any type of Patient Triage System using industry accepted colors - Black, Green, Yellow, Red.

**Hand Sanitizer****Disinfectant for Cleaning Equipment****Disposable Biohazard Trash Bags****Infectious Control Kit (masks, gowns, jumpsuits, eye protection, shoe covers)****Examination Gloves****Sharps Container (2 sources)****Exterior Cleanliness****Interior Cleanliness****Medications & Fluid Kept in Climate Controlled Environment**

All supplies and medications must be in-date and stored in a temperature-controlled atmosphere per manufacturer's recommendations.

**Provider Name Displayed on Each Side (10A NCAC.0207(4))****Vehicle Lettering, Markings, Symbols, and Emblems (10A NCAC .0208)**

*(Ground Ambulances, Convalescent, Non-transport, Water, and Air Vehicles)*

- Vehicles must have the name of the EMS Provider permanently displayed on each side of the vehicle.
- Convalescent vehicles must have "Convalescent Ambulance" on both sides and on the rear of the unit.  
*Convalescent vehicles shall not have emergency medical symbols, such as the Star of Life, block design cross, or any other medical markings, symbols, or emblems, including the word "Emergency" on the vehicle.*

**Reflective Tape on all Sides (10A NCAC 13P .0207 (5))**

The vehicle must have reflective tape / lettering affixed to the vehicle such that there is reflectivity on all sides of the vehicle. Reflective lettering is acceptable instead of tape.

## **Mandatory for Expanded Scope of Practice at the Discretion of the Medical Director**

1. **Blind Insertion Airway Device with syringe** (Adult & Ped Sizes)
2. **Capnometry (Color)/Capnography EtCO Detector** (Required if utilizing BIADs)
3. **Beta-agonists** (Albuterol, etc)
4. **Nebulizer** (Required for EMT level agencies administering nebulizer Beta Agonists.)
5. **Aspirin**
6. **Epinephrine for anaphylaxis/allergic reaction**
7. **Needles/syringes**
8. **Nitroglycerin**
9. **Naloxone**
10. **Nasal administration device**

All EMT systems may use Epinephrine, Albuterol, Nitroglycerine, Naloxone, Aspirin, and over-the-counter medications if they function under medical direction.

## **ROTOR & FIXED WING VEHICLE INSPECTIONS**

### **Specific Items for Rotor & Fixed Wing Vehicles**

#### **MANDATORY Items:**

#### **Configuration of the aircraft patient care compartment for patient care. (10A NCAC 13P .0209 (1))**

Configuration of the aircraft interior shall not compromise the ability to provide appropriate care or prevent providers from performing emergency procedures if necessary.

#### **Patient care equipment and supplies as defined in the treatment protocols for the program –**

- Must be equipped with restraining straps and attached to cot at the chest and thigh area. Check straps and buckles for proper operation.
- Must be secured to the airframe inside the cabin of the aircraft with crash stable fasteners.
- Check elevating device to assure that it is operable to allow for elevation of patient's head.
- Check for cleanliness.

**Institutions or organizations which operate Air Medical Ambulances within the State of North Carolina shall be defined as Air Taxi Operators under Part 135 of Title XIV or Part 91 of the Federal Aviation Administration's Rules governing air operations and as such must hold a current certification under these rules in addition to the equipment required under this certification.**

**Internal Voice Communication System to allow for communications between the medical crew and flight crew. (10A NCAC 13P .0209 (3))**

**Medical Director designates the combination of medical equipment specified in item (2) of this rule that is carried on a mission based on anticipated patient care needs.**

**Name of the EMS Provider is permanently displayed on each side of the aircraft. (10A NCAC 13P .0209 (5))**

**Aircraft is equipped with a two-way voice radio licensed by the FCC. (10A NCAC 13P .0209 (6))**

**Satellite Global Positioning System (10A NCAC 13P .0209 (7)(A))**

**External search light that can be operated from inside the aircraft. (10A NCAC 13P .0209 (7)(B))**

- Search Light (Landing Search Light is located under the nose of the aircraft)
- Night Sun (The "Night Sun" remote control search light is located on the underside of the fuselage)

**Survival Gear Appropriate for the Service Area and Number of Occupants (10A NCAC 13P .0209 (7)(C))**

**Heating and Cooling Source (10A NCAC 13P .209(7)(D))**

- Equipped with permanently installed environmental control unit (ECU) capable of both heating and cooling the patient compartment of the aircraft.

**Aircraft has no structural or functional defects that may adversely affect the patient or the EMS personnel. (10A NCAC 13P. 0209(8))**

**Specialized Ambulance Protocol Summary (SAPS)**

# **WATER VEHICLE INSPECTION REPORT**

## **Specific Items for Water Ambulance**

### **MANDATORY Items:**

#### **Marine Radio (10A NCAC 13P .0210 (5)(F))**

Radio must have sufficient range, radio frequencies, and capabilities to establish and maintain two-way voice radio communication from within the defined service area.

#### **Radio Navigational Aids (10A NCAC 13P .0210 (5)(E))**

Acceptable aids are at least one of the following: ADF (automatic directional finder), Satellite Global Navigational System navigational radar, or other comparable radio equipment suited for water navigation.

Note: *The baseline medication formulary applies for the appropriate level for water vehicles.*

#### **Lighted Compass (10A NCAC 13P .0210 (5)(D))**

- Must be mounted accessibly to the navigation system.
- Must be lighted to provide easy reading at night.

#### **360° Beacon Warning Light (10A NCAC 13P .0210 (4))**

Each water ambulance for which a permit is issued must have an audible air horn or siren. All warning devices must function in the manner in which they were designed to function.

#### **Appropriate Patient Care Area (10A NCAC 13P .0210 (1))**

- Provides access to the head, torso, and lower extremities of the patient while providing sufficient working space to render patient care.
- Is covered to protect the patient and the EMS personnel from the elements; and
- Has an opening of sufficient size to permit the safe loading and unloading of a person occupying a litter.

#### **Floatable litter with patient restraining straps capable of being secured to the watercraft. (10A NCAC 13P .0210 (5)(B))**

**AMBULANCE BUS VEHICLE INSPECTION REPORT**  
**Specific Items for Ambulance Bus**

**The EMS System Medical Director shall determine the combination and number of EMT, AEMT, or Paramedic personnel that are sufficient to manage the anticipated number and severity of injury or illness of the patients transported in the Medical Ambulance/Evacuation Bus vehicle. (10A NCAC 13P .0219)**

Inspect an Ambulance Bus at BLS level.

It is acceptable to allow providers to stock at whatever level they provide.



## **V. Medications Approved for EMT, AEMT, Paramedic**

**1. Acetaminophen or NSAID**

AEMT systems must carry either Acetaminophen or a nonsteroidal anti-inflammatory. All EMT systems may use Epinephrine, Albuterol, Nitroglycerine, Naloxone, Aspirin, and over-the-counter medications if they function under medical direction.

**2. Adenosine**

**3. Antiarrhythmic (Amiodarone, Lidocaine, Procainamide)**

All EMT-Paramedic systems must carry some form of anti-arrhythmic agent. This must either be amiodarone, lidocaine, or procainamide.

**4. Antiemetic**

**5. Aspirin**

**6. Atropine**

As a component of preparedness for domestic terrorism, EMS personnel, public safety officers and other first responders recognized by the EMS system, may carry, self-administer, or administer to a patient atropine and/or pralidoxime, based on written protocols and medial direction. All personnel except for Paramedics must administer theses medication by an autoinjector.

**7. Benzodiazepine**

All Paramedic systems must carry some form of injectable benzodiazepine.

**8. Beta-agonists (Albuterol, etc.)**

Required for EMT level agencies administering nebulizer Beta Agonists. All EMT systems may use Epinephrine, Albuterol, Nitroglycerine, Naloxone, Aspirin, and over-the-counter medications if they function under medical direction.

**9. Beta Blockers or Calcium Channel Blockers**

Paramedic systems must carry either a Calcium Channel Blocker (Diltiazem etc.) or Beta-Blocker. (Metoprolol, labetalol, etc.)

**10. Calcium Chloride/Gluconate**

**11. Crystalloid solution**

**12. Diphenhydramine**

All EMT systems may use Epinephrine, Albuterol, Nitroglycerine, Naloxone, Aspirin, and over-the-counter medications if they function under medical direction.

**13. Epinephrine**

All EMT systems may use Epinephrine, Albuterol, Nitroglycerine, Naloxone, Aspirin, and over-the-counter medications if they function under medical direction.

**14. Glucagon**

**15. Glucose solution**

**16. Naloxone**

All EMT systems may use Epinephrine, Albuterol, Nitroglycerine, Naloxone, Aspirin, and over-the-counter medications if they function under medical direction. Required for EMT level agencies administering nebulizer Beta Agonists.

**17. Narcotic Analgesic**

**18. Nitroglycerin**

All EMT systems may use Epinephrine, Albuterol, Nitroglycerine, Naloxone, Aspirin, and over-the-counter medications if they function under medical direction.

**19. Sodium Bicarbonate**

**20. Steroid preparation**

**21. Vasopressor**

## VI. LINKS / RESOURCES

[NC Office of Emergency Medical Services](#)

[Continuum](#)

[North Carolina General Statutes](#)

[NCCEP – Approved Medications and Skills](#)

[Emergency Medical Services and Trauma Rules](#)

[NC Office of EMS – Policies](#)

[NC Office of EMS – Position Statements](#)

## **VII. FORMS**

### **Vehicle Inspection Reports (VIRs)**

[Emergency Medical Technician \(EMT\) Vehicle Inspection Report](#)

[Advanced Emergency Medical Technician \(AEMT\) Vehicle Inspection Report](#)

[Paramedic Vehicle Inspection Report](#)

[Non-Transport AEMT Vehicle Inspection Report](#)

[Non-Transport Paramedic Vehicle Inspection Report](#)

[Ambulance Bus Vehicle Inspection Report](#)

[Convalescent Vehicle Inspection Report](#)

[Water Vehicle Inspection Report](#)

### **Specialty Ambulance Protocol Summary (SAPS)**

[Specialty Ambulance Protocol Summary \(SAPS\) Instructions](#)

[Specialty Ambulance Protocol Summary \(SAPS\) Form](#)