



**Government of the
District of Columbia**



Department: *Department of Health*
Administration: *Health Emergency Preparedness and Response Administration*
Section: *Emergency Medical Services*
Policy Name: *Minimum EMS Vehicle Equipment Standards & Inspection Program*
Policy Number: *2014-0023*
Effective Date: *10 January 2014*

Approved By: *Dr. Brian Amy, Senior Deputy Director, HEPRA* 
Applies To: *All EMS Operational Agencies*
Purpose: *Listing of the Minimum Equipment Required on EMS Response Vehicles and the Associated Inspection Program*
Reference: *D.C. Code 7-2341 (EMS Act of 2008), Section 4
DCMR Title 29, Sections 510 - 514*
Revision: *Original*

Introduction

Section 4(c) of DC Code 7-2341 states that, “An applicant for a license or certification to operate an emergency medical response vehicle shall establish to the satisfaction of the Mayor that the vehicle, including its emergency medical response equipment and supplies, meets all applicable requirements set forth in this act & in rules promulgated pursuant to this act.”

Further, DC Municipal Regulations (DCMR), Title 29, Sections 510-514, outline the requirements for various EMS vehicle certifications, including ground and air ambulances, as well as non-transporting first responder vehicles. This policy outlines the new District equipment requirements and inspection/certification to meet these mandates.

This policy and associated documents are based on the April 2009 revision of the ACS standard. However, the policy and inspection documents will be updated as the ACS releases new updated standards. This will be done on an ongoing basis.

District of Columbia EMS Vehicle Equipment Standard

The Department of Health has adopted the American College of Surgeons (ACS) Joint Policy Statement “Equipment for Ambulance” standard (Revised April 2009) as the baseline equipment standard for all EMS vehicles in the District. This ACS standard can be found at (<http://www.facs.org/trauma/publications/ambulance.pdf>). This standard was developed and endorsed by a number of organizations including the:

- American College of Surgeons (ACS) Committee on Trauma (COT);
- American College of Emergency Physicians (ACEP);
- National Association of EMS Physicians (NAEMSP);

- Emergency Medical Services for Children (EMSC);
- American Academy of Pediatrics (AAP);
- Emergency Nurses Associations (ENA); and
- National Association of State EMS Officials (NASEMSO).

The District standard applies to all Ground-based Basic Life Support and Advanced Life Support ambulances and becomes effective two months (15 March 2014) after this policy is placed into effect.

Attached to this policy are several documents and forms that will be utilized with the new inspection program. They include:

- DC-DOH EMS Form 2014-0023A is a Gap Analysis that was performed to compare the ACS standard, the current DC-DOH standard and the new DC-DOH standard. This gap analysis should assist you in transitioning from the current standard to the equipment that is now required under this new standard.
- DC-DOH EMS Form 2014-0023B is the new application form to have an EMS vehicle certified in the District. The District will begin using this form effective 15 March 2014. This will apply only to new vehicles being entered into the system, as all current vehicles will be grandfathered in to the new system.
- DC-DOH EMS Form 2014-0023C is a ground ambulance inspection form. This inspection standard will be utilized for ground-based ambulances.
- DC-DOH EMS Form 2014-0023D is a non-transport vehicle inspection form. This inspection standard will be utilized for ground-based, non-transporting (first responder) type vehicles.
- DC-DOH EMS Form 2014-0023E is an air medical vehicle inspection form. This inspection standard will be utilized for air ambulances, such as helicopters.
- DC-DOH EMS Form 2014-0023F is a Vehicle Inspection Handbook that was created to provide guidance on the new DC-DOH inspection standard. This handbook should assist you in transitioning from the current inspection process to the new standard.

Provisional Certification

If an organization's ambulance is not able to meet the standards outlined in this policy, they may apply for a provisional certification to afford them adequate time to meet the standard. The request must be submitted by the organization's Medical Director and submitted to the District EMS Officer. The request must include the specific item(s) requested to be temporarily waived, a plan to correct the deficiency, and the length of time requested for the provisional certification.

Enforcement of the Standard

All ambulances that apply for certification on or after 15 March 2014 will need to meet the new standard unless a provisional certification has been requested and granted. Any unscheduled inspections after this date will be based on the new standard, regardless of the certification date of the ambulance.

Discussion of the Standard

This standard is based on the Joint Policy Statement issued by the American College of Surgeons Committee on Trauma, the American College of Emergency Physicians, National Association of EMS Physicians, Emergency Medical Services for Children, American Academy of Pediatrics, National Association of State EMS Officials, and the Emergency Nurses Association. We will refer to this joint document as the ACS Standard.

The pediatric recommendations were developed by members of the federal Emergency Medical Services for Children (EMSC) Stakeholder Group and endorsed by the American Academy of Pediatrics (AAP). The EMSC Program has developed several performance measures for the Program's state partnership grantees. One of the performance measures evaluates the availability of essential pediatric equipment and supplies for Basic Life Support (BLS) and Advanced Life Support (ALS) patient care units. This document meets the standard for this performance measure.

For purposes of this document, the following definitions have been used: a neonate is 0 to 28 days old, an infant is 29 days to 1 year old, and a child is >1 year through 11 years old with delineation into the following developmental stages:

- Toddlers (1-3 years old) Preschoolers (3-5 years old)
- Middle Childhood (6-11 years old)
- Adolescents (12-18 years old)

The ACS Standard was derived from a number of sources, which may be found in the reference list at the end of the document. The use of a proprietary name that is inextricably linked with its product should not be construed as an endorsement by the members of the committee that issued the joint statement or the District of Columbia Department of Health.

The ACS Standard is divided into equipment for Basic Life Support (BLS) and Advanced Life Support (ALS) emergency ground ambulances. ALS ambulances must have all of the equipment on the required BLS List as well as equipment on the required ALS list. This list represents a consensus of recommendations for equipment and supplies that will facilitate patient care in the out-of-hospital setting.

The air medical equipment standards and the non-transporting response vehicle standards are derived from the ACS standard.