



**OVERVIEW
OF
PENNSYLVANIA DEPARTMENT OF HEALTH
AMBULANCE SERVICE LICENSURE
PROGRAM**

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

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Introduction

This document has been prepared by the Emergency Medical Services Office (EMSO) of the 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 EMSO 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

1. **Obtaining an application.** An application for a license or renewal of a license as an ambulance service may be obtained from any regional EMS council. A list of those councils, their addresses and telephone numbers is set forth in Attachment A. The Department recommends that an applicant secure the application from the regional EMS council assigned responsibility for the EMS region in which the applicant maintains or intends to maintain its administrative headquarters. If the applicant's administrative headquarters is located outside the Commonwealth, it should secure the application from the regional EMS council responsible for the EMS region in which it will conduct most of its operations in the Commonwealth. If the applicant will be maintaining an administrative office in more than one EMS region, it is required to choose one of those offices as its administrative headquarters. The application is the same for both an initial license and the renewal of a license. Attachment B contains a copy of the application and the instructions for completing it.
2. **Completing an application.** An applicant must complete the application correctly and accurately in its entirety. To ensure this occurs, the applicant needs to carefully review and follow the instructions to the application in Attachment B. The applicant should contact the appropriate regional EMS council for assistance if the applicant believes that the instructions do not address a matter pertinent to the applicant and relevant to the application or if the applicant is confused about any matter in the application or instructions. An application that is incomplete or inaccurate will be returned to the applicant with directions to remedy the problem before resubmitting it.
3. **Filing an application.** An applicant must return the application to the regional EMS council responsible for the region in which the applicant maintains or intends to maintain its administrative headquarters. If the applicant will be placing and operating ambulances in

more than one EMS region, the applicant is required to file the original application with the regional EMS council assigned responsibility for the EMS region in which the applicant maintains or intends to maintain its administrative headquarters. The applicant must also submit a copy of the application to the regional EMS council responsible for each other EMS region in which the applicant intends to place and operate ambulances. An ambulance service “places and operates ambulances in an EMS region” when it places ambulances in that EMS region as a starting point for daily transport or emergency response operations and operates those ambulances from that EMS region. Regardless of where an ambulance picks up or transports patients, the applicant is not required to file a copy of its license application with the regional EMS council responsible for that area unless the applicant intends to both place an ambulance in that EMS region and operate the ambulance from that EMS region.

4. **Attachments to application.** As part of the application, the applicant must provide various documents, such as a staffing plan and a personnel roster. Forms that must be completed are included in Attachment B as appendices to the license application. The applicant may use additional sheets if the forms in the appendices to the license application do not afford adequate space for the applicant to provide all of the information requested.
5. **Policy statements and other documentation.** The applicant is required to prepare and maintain various written policies and other documentation. These are listed in Appendix C of the license application. An applicant for renewal of an ambulance service license will need to have all of the policies and other documentation listed. An applicant for its initial license as an ambulance service must have the policies listed and some of the other documentation listed, but not the documented information that could be provided only 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.
6. **Review of application.** The regional EMS council assigned responsibility for the EMS region in which the applicant maintains or intends to maintain its administrative headquarters will review the application. If the applicant will be maintaining and operating ambulances in more than one EMS region, the regional EMS council responsible for each of these regions will review the application for the information that is applicable to the region for which it is responsible. If the application is incomplete or inaccurate, the application will be returned to the applicant by the regional EMS council that is responsible for the EMS region for which the information in the application is incomplete or inaccurate, with an explanation of the problems presented by the application. The applicant must make the necessary corrections and resubmit the original application to the regional EMS council where the applicant maintains or intends to maintain its administrative headquarters. The applicant must submit a copy of the corrected application to each of the other regional EMS councils with which the applicant filed a copy of the original application. When the regional EMS council that identified the problem is satisfied that the application is complete and accurate, it will inform the applicant and the regional EMS council responsible for the EMS region where the applicant maintains or intends to maintain its administrative headquarters.

Inspection

1. **Scheduling the inspection.** When the regional EMS council has determined that the application is complete and accurate, it will contact the applicant and schedule a time and date for the license inspection.
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 the applicable documents enumerated in Appendix C of the application. 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 C 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 EMSO. The EMSO 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 EMSO 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**-Issued when an applicant or an existing ambulance service fails to meet all of the licensure requirements, and the EMSO deems it to be in the public interest to issue the provisional license. A provisional license will be issued for a maximum of 6 months and may be renewed one time at the EMSO's discretion. The renewal shall be for a maximum of 6 months, except the EMSO may issue a renewal for a maximum of 12 months if the applicant is a volunteer BLS ambulance service.
 - c. **Temporary license**-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.
3. **Licensure materials.** Once the EMSO 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 through which license application was processed, and the 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 by the regional EMS council assigned responsibility for 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 EMSO 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 EMSO 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.

Ambulance Replacement

1. **Types of replacement.** After an ambulance service is licensed it may permanently add additional ambulances to its operation, permanently replace ambulances, or temporarily replace ambulances that are temporarily removed from service.
2. **Forms.** An ambulance service is required to file a Modification of Ambulance Fleet Form before permanently adding or replacing an ambulance, and a Temporary Change of Vehicle Form within 24 hours after temporarily replacing an ambulance. The ambulance service may use the forms in Attachment D or secure the appropriate form from a regional EMS council or off of the Department's website www.health.state.pa.us. The ambulance service should contact the regional EMS council responsible for the EMS region in which it is adding or replacing an ambulance if it is unsure about which form to use.
3. **Permanent ambulance addition or replacement.** If the ambulance service intends to permanently add or replace an ambulance, it must file a Modification of Ambulance Fleet/Temporary Change of Vehicle Form with the regional EMS council responsible for the EMS region where the ambulance service intends to place and operate the ambulance. The ambulance service is not permitted to use the permanent addition or replacement ambulance until the ambulance has been inspected and it is authorized to operate by the EMSO. To expedite matters, the ambulance service may call the appropriate regional EMS council in advance of filing the form to arrange for an inspection of the ambulance. The regional EMS council will conduct the inspection of the ambulance and if the ambulance meets all of the requirements, the regional EMS council will provide the ambulance service with a letter that authorizes use of the ambulance. The regional EMS council will forward the inspection results to the EMSO. The EMSO will review the results and, if all requirements are satisfied, will prepare and forward decals to the regional EMS council. The regional EMS council will provide the decals to the ambulance service, which shall promptly affix the decals to the ambulance. It should take no more than 10 days from the date the form is filed with the regional EMS council to the date the decals are delivered to the ambulance service.
4. **Temporary ambulance replacement.** 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, it must submit a Modification of Ambulance Fleet/Temporary Change of Vehicle Form to that regional EMS council no later than 24 hours after commencing operation of the replacement ambulance. It may submit the form by any means that ensures that the regional EMS council receives the form within 24 hours after the ambulance service begins using the temporary replacement ambulance. The duty to file the form applies even if the ambulance service does not use the replacement after the 24-hour period. After receiving the form, the regional EMS council will prepare and issue a temporary certificate to the ambulance service authorizing it to use the temporary ambulance for 7 days. This certificate must be displayed in a prominent place in the ambulance. If the ambulance service requires the use of the ambulance for an additional period of time past the initial 7 day period, it is required to notify the regional EMS council. The regional EMS council may extend the time period by letter. The regional EMS council may inspect the

temporary replacement ambulance at any time. If the temporary replacement ambulance does not satisfy applicable requirements the EMSO may suspend it from operation or direct the ambulance service to correct the deficiencies. After the ambulance service receives a temporary certificate authorizing its use of a temporary replacement ambulance it shall display the certificate in a conspicuous place in that ambulance and shall keep in that ambulance a copy of any letter from the regional EMS council extending the expiration date of the temporary certificate. No decals will be issued for the temporary ambulance.

License Amendment

- 1. Reasons for an amendment.** An ambulance service must seek an amendment of its license for any of the following reasons: 1) to substantially alter the location and operation of its ambulances within an EMS region, 2) to place and operate an ambulance in an EMS region not identified in its most recent license application, 3) to change its license from a BLS to an ALS ambulance service or vice versa, or 4) to make a change in its operation that would render inaccurate any information in its license certificate. An ambulance service should contact the regional EMS council responsible for the EMS region in which it maintains its administrative headquarters if it intends to make a change in its operations and is uncertain whether it needs to apply for and secure an amendment of its license before doing so. The transfer of the license of an ambulance service to a different owner cannot be achieved through a license amendment. The new owner needs to apply for and secure its own license before commencing operations.

- 2. Amendment procedures.** An ambulance service is to file an application for amendment with the regional EMS council responsible for the EMS region in which the ambulance service has its administrative headquarters. Some types of application for amendment, such as applications to change the level of licensure from BLS to ALS, or to place and operate ambulances in an additional EMS region, will require an inspection before the application can be acted upon. Other types of applications for amendment, such as an application to show a fictitious name change, do not require an inspection before a decision can be made on the application. Chart #1 is a flow chart showing how an application for amendment is processed when the applicant seeks to change its level of service from BLS to ALS. Chart #2 is a flow chart showing how an application for amendment is processed when the applicant seeks to place and operate ambulances in an EMS region where it had not previously placed and operated ambulances. An ambulance service that is planning to locate and maintain ambulances in a region not identified in its most recent application will be required to submit the amended application to the regional EMS council responsible for the region in which the ambulance service plans to place and operate ambulances. The ambulance service must also submit a copy of its application to the regional EMS council responsible for the region where it maintains its administrative headquarters. The regional EMS council responsible for the EMS region in which the ambulance service plans to begin placing and operating ambulances will conduct an inspection of the ambulances and required supplies and equipment. It will forward the inspection results along with a recommendation to the EMSO.

- 3. Change to license.** After the EMSO receives the inspection results, if applicable, and is satisfied that the ambulance service has met the licensure requirements relative to the amendment, it will prepare an amended license for the ambulance service. If required, decals for a new ambulance will be prepared. The amended license and any decals will be sent to the regional EMS council with which the original copy of the amended application was filed. The EMSO will provide a copy of the amended license to the regional EMS councils responsible for the EMS regions in which the ambulance service already places and operates ambulances.

Chart #1

CHANGING THE LEVEL OF SERVICE OR OPERATION WITHIN AN EMS REGION

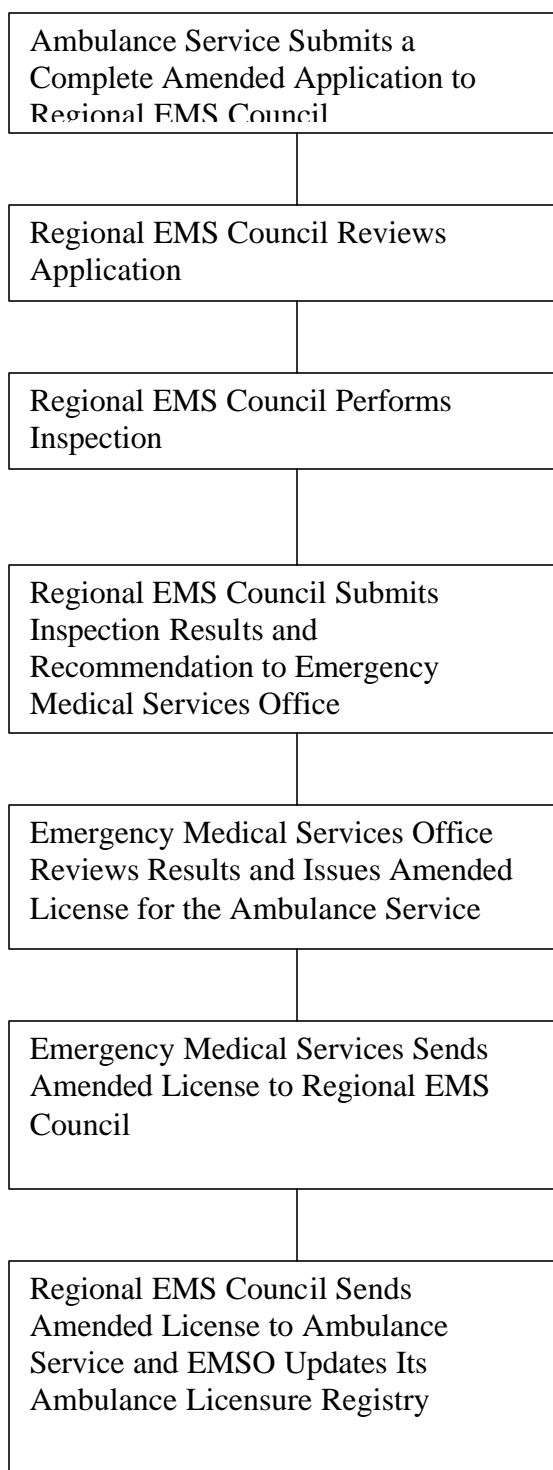
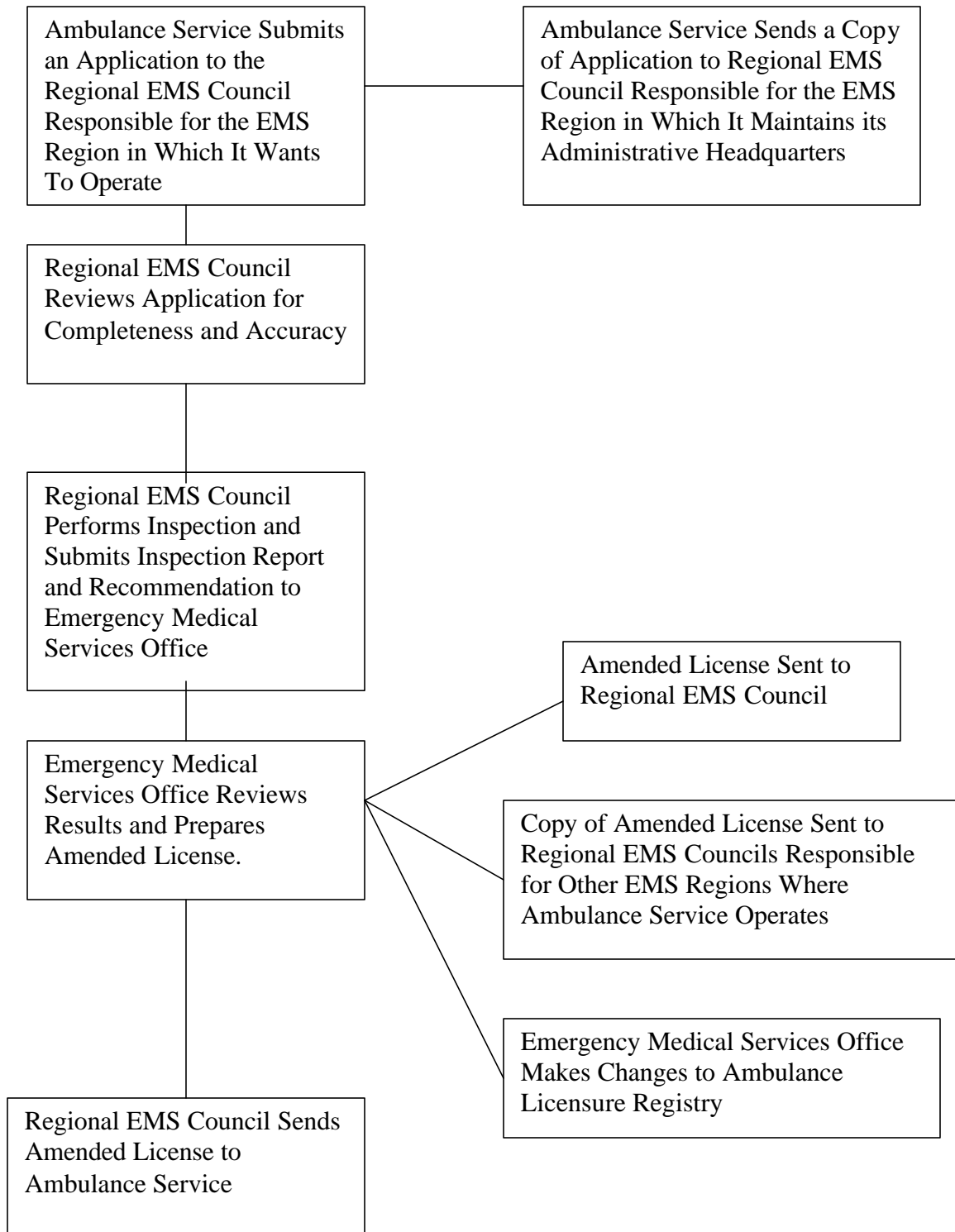


Chart #2

EXPANSION INTO AN ADDITIONAL REGION



ATTACHMENTS

ATTACHMENT A

REGIONAL EMS COUNCIL LISTING

REGIONS	COUNTIES			Reg #
Bradford Susquehanna EMS Council 245 Desmond Street Sayre, PA 18840-1698 (570) 882-4604 FAX (570) 882-6053	Bradford (8) Susquehanna (58)			01
Bucks County Emergency Health Services 911 Ivyglenn Circle Ivyland, PA 18974 (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 19390-0990 (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 (610) 891-5310 FAX (610) 566-3947	Delaware (23)			12
Eastern Pa EMS Council, Inc. 1405 North Cedar Crest Blvd. - Suite 208 Allentown, PA 18104 (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 (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 (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. 1411 Million Dollar Highway Kersey, PA 15846 (814) 834-9212 FAX (814) 781-3881	Cameron (12) Clearfield (17) Elk (24)	Jefferson (33) McKean (42) Potter (53)		19
EMMCO West, Inc. 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)	18

REGIONS	COUNTIES		Reg #
EMS of Northeastern PA, Inc. 1153 Oak Street Pittston, PA 18640 (570) 655-6818 FAX (570) 655-6824	Lackawanna (35) Luzerne (40) Pike (52)	Wayne (64) Wyoming (66)	05
LTS EMS Council 542 County Farm Road, Suite 101 Montoursville, PA 17754-9621 (800) 433-9063 FAX (570) 433-4435	Lycoming (41) Sullivan (57) Tioga (59)		07
Montgomery County EMS Office of Emergency Medical Services 50 Eagleville Road Eagleville, PA 19403 (610) 631-6520 FAX (610) 631-9864	Montgomery (46)		13
Philadelphia EMS Council Philadelphia Fire Department 240 Spring Garden Street Philadelphia, PA 19123-2991 (215) 686-1313 FAX (215) 686-1321	Philadelphia (51)		14
Seven Mountains EMS Council, Inc. 523 Dell Street Bellefonte, PA 16823 (814) 355-1474 FAX (814) 355-5149	Centre (14) Clinton (18)	Juniata (34) Mifflin (44)	08
Southern Alleghenies EMS Council, Inc. Olde Farm Office Centre - Carriage House Duncansville, PA 16635 (814) 696-3200 FAX (814) 696-0101	Bedford (5) Blair (7) Cambria (110)	Fulton (29) Huntingdon (31) Somerset (56)	09
Susquehanna EHS Council, Inc. 249 Market Street Sunbury, PA 17801-3401 (570) 988-3443 FAX (570) 988- 3446	Columbia (19) Montour (47)	Northumberland (49) Snyder (55)	15

ATTACHMENT B

AMBULANCE SERVICE LICENSE APPLICATION

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

These instructions apply to an application for an initial license, an application for renewal license and an application for an amendment of a license as an ambulance service. Identify the type of application by placing a check on the appropriate line in the box in the upper right hand corner of the application. Except as otherwise directed in these instructions, complete each item on the application. Enter "Not applicable" or "N/A" if the item does not apply. Use additional sheets if inadequate space is given in the application form to provide the information that is requested. If additional sheets are needed, mark "continued" at the end of the space provided in the application form for completing the item, and identify the number of the item on the additional sheet used to complete the information for that item.

1. Level of Service--This is the level of service that the applicant is applying to provide, which is either basic life support (BLS) or advanced life support (ALS). An applicant applying for a license as an air ambulance service is to check the box for advanced life support. The issuance of an ALS ambulance service license authorizes the applicant to provide both ALS and BLS services. The applicant is required to provide specific information regarding the ambulances it will use under item 21.

2. Name of Applicant--This is the actual name of the corporation, partnership, sole proprietor, etc., that is applying for the license.

3. Name Under Which Applicant Will Conduct Business as an Ambulance Service-- This is the name under which the applicant intends to conduct business as an ambulance service. This name may be the same or different than the name of the applicant. Fictitious names need to be registered with the Corporation Bureau in the Department of State.

4. Administrative Headquarters --This is the main administrative location of the ambulance service. Check the box if this location will be for administrative purposes only and no vehicles will be stationed there. Do not use a P.O. Box number to identify the physical address of the administrative headquarters. If the applicant plans on using more than one administrative office, it must choose one location as its administrative headquarters and provide the requested information for that location.

5. Mailing Address--This is the complete mailing address the applicant designates to receive mail from the Department or a regional EMS council.

6. Business Telephone # and Facsimile Telephone #--These are the telephone and facsimile telephone numbers through which the applicant may be directly contacted by the Department or a regional EMS council.

7. County # -- This is the two digit number assigned to the county where the applicant intends to maintain its administrative headquarters as specified in item 4. This number may be obtained from the regional EMS council responsible for the EMS region in which the county is located.

8. Region #--This is the two digit number assigned to the EMS region where the applicant intends to maintain its administrative headquarters as specified in item 4. This number may be obtained from the regional EMS council responsible for the EMS region in which the administrative headquarters will be located.

9. Affiliate #--This is the five digit number that is assigned to an ambulance service to distinguish it from other ambulance services for data processing purposes. If the application is for an initial license, the applicant is not to complete this block, as the regional EMS council will assign the number and insert it in the application when it accepts the application as complete and accurate.

10. FAA Certification #--This is the number assigned by the FAA to an aircraft operator. The applicant will need to insert this number if the applicant is applying for a license or renewal of a license as an air ambulance service.

11. Contact Person--This is the name, title, telephone number and e-mail address of the individual who the applicant designates as the person the Department or a regional EMS council may contact on a day-to-day basis to give or secure information.

12. Service Classification--The applicant must check all that apply on how it classifies its service.

13. Profit or Non Profit Status--This item is self-explanatory.

14. Type of Applicant--This identifies the type of business entity of the applicant.

15. Prehospital Personnel--The applicant must specify the total number of each type of prehospital practitioner that has committed to work for the applicant as a prehospital practitioner. The last three blanks are for the applicant to identify whether its prehospital personnel are paid, volunteer, or whether it uses or intends to use a combination of paid and volunteer prehospital personnel. The applicant must also complete the personnel roster form attached to the application as Appendix A. If the applicant is applying to operate out of more than one location, it must complete a personnel roster for each location. If the applicant will be operating an air ambulance service, it must also complete the pilot roster attached to the application in Appendix A.

16. Staffing Plan--This is a description of how the applicant intends to staff its ambulances. The applicant must complete the staffing plan form attached to the application as Appendix B. In addition to any other matter the applicant considers to be pertinent in describing its staffing plan, the applicant shall designate whether it will employ a staff availability schedule or duty roster, whether prehospital personnel will be at the ambulance site or on call, whether and how the staffing procedures will differ for a second ambulance or additional ambulances if the applicant intends to operate more than one ambulance, and whether and how the aforementioned information will change based upon the day of the week or time of the day. If the applicant will be rotating staff between or among its ambulances, it should provide a description in its plan how this will occur. If

the applicant is confused regarding how to complete this item, the applicant should contact the appropriate regional EMS council for assistance.

17. Station Locations--This item must be completed by an applicant that will be placing and operating ambulances out of a fixed location rather than pursuant to a form of system status management. The applicant must provide this information for each fixed location out of which it intends to place and operate ambulances. If the applicant intends to place and operate ambulances out of more than one fixed location, the applicant must provide information first for the station it chooses as its primary base of operation.

18. System Status Management-- An applicant must complete this item if it does not intend to place and operate ambulances out of a fixed location. If the applicant intends to place and operate ambulances out of more than one service area, the applicant will need to provide the requested information for each service area. Information regarding administrative offices is to be provided for each administrative office that will be used by the applicant in operating the ambulance service. Because the Department must determine whether the applicant meets licensure criteria such as operating ambulances that are maintained to safely and efficiently render the services offered, this item needs to be completed in great detail. If the applicant is confused regarding how to complete this item, the applicant should contact the appropriate regional EMS council for assistance.

19. Emergency Service Areas-- An emergency service area is the area an applicant will be able to routinely reach to respond to emergencies within the time identified as a goal in the regional EMS development plan (usually 10 minutes in urban and 20 minutes in rural areas). NOTE: This may be different than a “service area”. A service area is the geographic area in which the applicant routinely provides services. This item is to be completed by all applicants; even those that intend to limit their services to interfacility or nonemergency transports. The applicant must list the name of the municipalities, along with their five-digit MCD numbers, that the applicant will be able to generally reach by ambulance within the time frames recommended by the regional EMS development plan for responding to emergencies. The MCD number may be secured from the regional EMS council. The applicant may use additional sheets if the number of municipalities exceeds the number that can be listed in the application form. Also, the applicant shall use additional sheets if the applicant will maintain and operate ambulances out of more than one fixed location. If the applicant intends to use a form of system status management to conduct its operations, the applicant must contact the regional EMS council for each region in which it will place and operate ambulances for direction on how to complete this item. The regional EMS council will review the applicant’s system status management plan to help it identify the area or areas it will be most likely to reach routinely within the time identified as a goal in the regional EMS development plan. If the applicant is applying to operate an air ambulance service, it must provide a list of the area(s) (usually counties) that it will be serving instead of providing a list of the municipalities and the MCD #. If the applicant intends to engage primarily in nonemergency and interfacility transports, it must also complete item #20 on the application.

20. Nonemergency and Interfacility Transports--If the applicant plans to engage primarily in the interfacility or nonemergency transport of patients, it must provide a description of its operations. Note that by providing this information in the application the applicant, after being licensed, is not precluded from responding to emergency calls. This information is solicited to assist emergency dispatch planning. Moreover, if the applicant is dispatched to an emergency, it must respond to the emergency unless its resources are otherwise committed. The applicant may use additional sheets to describe its operation if the applicant will place and operate ambulances out of more than one location. If the applicant is confused regarding how to complete this item, the applicant should contact the appropriate regional EMS council for assistance.

21. Ground Vehicles and Aircraft--Under Part A, the applicant shall specify the types and number of ambulances that it intends to use. Under Parts B and C, the applicant shall provide the information identified for each ground vehicle and aircraft it intends to use as an ambulance. Under Part B, in the first column the applicant shall identify the year of ambulance by using the ground ambulance designations specified in part A. If the applicant will place and operate ambulances out of more than one fixed location (or area if the applicant will be using a form of system status management), the applicant shall provide the location of each ambulance. If the applicant rotates a vehicle between or among locations as part of its maintenance procedures, it does not have to notify the appropriate regional EMS council. If the rotation will have an impact that will alter its emergency response it must describe this in the space for system status management. If the applicant intends to operate ambulances through a form of system status management and is confused regarding how to complete this item, the applicant should contact the appropriate regional EMS council for assistance.

22. Medical Direction--If the applicant is applying for a license as an ALS ambulance service the applicant shall provide information on the physician who will be serving as the ALS service medical director. If the applicant is applying for a BLS ambulance service license and intends to use an AED or pulse oximetry, the applicant shall provide information on the physician who will be serving as the AED and pulse oximetry medical director for the BLS ambulance service. For the latter, the applicant shall complete only those lines preceded by an asterisk. If the applicant for a BLS ambulance service license wants to be able to carry ALS equipment and drugs in addition to those generally prescribed for use by a BLS ambulance service, it will need to secure additional direction from the appropriate regional EMS council regarding how to supplement its application. In that event the applicant will need to have a medical director who is directly responsible for the security accountability, administration and maintenance of the equipment and drugs, and the arrangement will need to be approved by the Department as being in the public interest.

23. Communication Capabilities—The applicant shall indicate the source from which it receives emergency medical dispatch. The applicant shall also place a check in each appropriate box to indicate the primary means that it utilizes for communicating with its dispatch center, the medical command facility and for communicating in the event of a disaster or multiple casualty incidents. The applicant shall also indicate how it receives

emergency calls. This information is required for each service area the applicant intends to serve.

24. Policy Statements and Other Documents--Appendix C identifies the policies and other documentation an ambulance service is required to prepare and maintain. An applicant for an initial ambulance service license will need to prepare and maintain all of the listed policies and some of the other documents listed. An applicant for renewal of an ambulance service license will need to have all of the documents listed. There is nothing for the applicant to complete under this item. The documents and policies need to be available when the license inspection is conducted.

25. Management Team--The applicant shall provide the requested information for each person on the applicant's management team. Members of the management team are those persons who will be responsible for directing the operation of the ambulance service. If the applicant is confused regarding how to complete this item, the applicant should contact the appropriate regional EMS council for assistance.

26. Other Owners--If applicable, the applicant shall provide the requested information for persons that have an ownership interest in the applicant but do not serve on the applicant's management team. If a person with an ownership interest is not an individual (for example, a corporation), the applicant shall identify that person and provide the requested information for each individual that has an ownership interest in that person.

27. Conviction and Disciplinary Information for Member of Management Team--This information is requested to help the Department determine whether the applicant is staffed by responsible persons. Being staffed by responsible persons is one of the statutory criteria for licensure. Disclosure of a past conviction or disciplinary sanction does not result in the automatic rejection of the application. The Department will consider factors such as conduct resulting in the conviction or discipline, the number of such episodes, the time that has elapsed since the conviction or discipline, and conduct that demonstrates rehabilitation, to determine whether responsible persons staff the applicant at the time the application is acted upon. The intentional failure to make the required disclosure in the application is a serious statutory violation and could lead to discipline, including revocation of the license. If the applicant answers "yes," it must identify the relevant person or persons. To help the EMSO expedite its review, the applicant must secure and enclose the documents that charged the criminal or disciplinary misconduct and the documents that disposed of those charges as well as any rehabilitation information the applicant wants the Department to consider. The failure to provide these documents may prolong the time the EMSO needs to make a decision on the application. The applicant will not be held responsible for false information if the applicant has requested this information from all appropriate persons and one or more of those persons has provided false information.

28. Conviction and Disciplinary Information Relating to Other Ambulance Service--This information is requested to help the Department determine whether responsible persons staff the applicant, which is one of the statutory criteria for licensure.

The Department will consider past negative history in operating an ambulance service of a member of the applicant's management team to determine whether responsible persons staff the applicant. This disclosure will not result in the automatic rejection of the application. Factors such as those listed in paragraph 27 will be considered. The intentional failure to make the required disclosure in the application is a serious statutory violation and could lead to discipline, including revocation of the license. If the applicant answered "yes," it must identify the relevant person or persons. To help the EMSO expedite its review, the applicant must secure and enclose the documents that charged criminal or disciplinary misconduct and the documents that disposed of those charges as well as any rehabilitation information the applicant wants the Department to consider. The failure to provide these documents may prolong the time the EMSO needs to make a decision on the application. The applicant will not be held responsible for false information if the applicant has requested this information from all appropriate persons and one or more of those persons has provided false information.

29. Management Service Contracts--The applicant must provide the name of any organization that it intends to use to provide any type of management services for the applicant. The applicant must also provide the name of any ambulance service for which it will provide any type of management services. Management services include services such as billing, bookkeeping and other administrative functions. An ambulance service may not assign substantive decisionmaking functions to another entity. The information must clearly state whether the applicant is providing or receiving management services.

The signature at the end of the application form verifies that the application is true and correct. This verification is required by regulation. It is also a regulatory requirement that only the applicant's principal official may sign for the applicant.

Check the Appropriate Box (✓)

Initial Application _____
Renewal Application _____
Amendment _____

Ambulance Service License Application

(Please read the attached instructions before proceeding)

1. Level of Service: _____ Basic Life Support _____ Advanced Life Support

2. Name of Applicant: _____

3. Name Under Which Applicant Will Conduct Business as an Ambulance Service: _____

4. Administrative Headquarters _____ Check if
administrative only at location, i.e. no vehicles

5. Mailing Address (if different from physical
address)

(Physical Address)

(Street, Road, P.O. Box No.)

City State Zip Code+4

City State Zip Code+4

6. Business Telephone #: () _____

7. County # 9. Affiliate #

Facsimile #: () _____

8. Region # 10. FAA Certification #

(Air ambulance only)

11. Contact Person:

Last Name

First

MI

Title

Telephone #

E-Mail Address: _____

12. Service Classification:
(Check all that apply)

_____ Independent
_____ Government
_____ Hospital

_____ Fire
_____ Police
_____ Rescue

_____ Commercial
_____ Industrial
_____ Other

13. Profit or Non Profit Status: _____ Profit _____ Non-Profit

14. Type of Applicant: ___ Corporation ___ Partnership ___ Sole Proprietor ___ Other _____
(Identify)

15. Prehospital Personnel: # EMT_____ # EMT-P_____ # FR_____ # PHRN_____
Ambulance Attendant_____ #HP Physician _____

Also complete the roster(s) in Appendix A. Paid _____ Volunteers _____ Mixed _____

16. Staffing Plan: Complete the form in Appendix B.

17. Station Locations (These are fixed locations from which ambulances will respond to calls.)
(Use additional sheets if necessary):

	STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE	# OF VEHICLES
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

18. System Status Management (Refer to instructions):

19. Emergency Service Areas (Use additional sheets if necessary):

NOTE: An applicant for an air ambulance service license shall submit different information, as specified in the instructions.

Municipality	MCD#	Municipality	MCD#
a.	_____	f.	_____
b.	_____	g.	_____
c.	_____	h.	_____
d.	_____	i.	_____
e.	_____	j.	_____

20. Nonemergency and Interfacility Transports (Refer to instructions):

21. Ground Vehicles and Aircraft (Use additional sheets if necessary):

A. Types and Numbers of Ambulances Used (Check all that apply):

___ BLS w/o AED ___ BLS with AED ___ ALS Mobile Care ___ ALS Squad ___ Air Amb.
_____ # _____ # _____ # _____ # _____

B. Ground Vehicles:

	YEAR	MAKE/MODEL	PLATE #	VIN #	LOCATION
1.					
2.					
3.					
4.					
5.					
6.					

C. Aircraft:

	MAKE/MODEL	PATIENT CAPACITY	SERIAL #	FAA #	LOCATION
1.					
2.					
3.					
4.					
5.					

22. Medical Direction (Applies to ALS ambulance services and BLS ambulance services with AED or pulse oximetry):

Name of Service Medical Director* _____

Medical License Number* _____

Drug Enforcement Agency (DEA) Number _____

A. ACLS Certified ____ Yes ____ No

B. ATLS Certified ____ Yes ____ No

C. APLS Certified ____ Yes ____ No

OR

PALS Certified ____ Yes ____ No

*BLS ambulance services with AED or pulse oximetry capabilities need to complete these items only

23. Communication Capabilities (Refer to instructions):

Source of Emergency Medical Dispatch: ____ County PSAP ____ Local/Regional PSAP
____ Organization/Provider PSAP ____ Other

Please Check the Appropriate Box (✓)	VHF	UHF	800MHz	Cellular	Other
Primary Communication with Emergency Dispatch					
Primary Means of Communication with a Medical Command Facility					
Backup for Communicating with a Medical Command Facility					
Communication in a Disaster or Multiple Casualty Incident					

Does Your Service Utilize a Seven Digit Telephone Number or 911 to Receive Emergency Calls:
____ 911 Exclusively ____ Seven Digit Number Exclusively ____ Combination

24. Policy Statements and Other Documents (Refer to instructions):

25. Management Team:

List of persons comprising applicant's management team. Include last name, first name, and MI.

a.	_____	b.	_____
	Name		Name
	_____		_____
	Title % Ownership		Title % Ownership
c.	_____	d.	_____
	Name		Name
	_____		_____
	Title % Ownership		Title % Ownership

26. Other Owners, if Applicable:

(Use additional sheets if necessary)

Name (First, MI, Last)	% Ownership	Name (First, MI, Last)	% Ownership
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

ANSWER ALL OF THE FOLLOWING QUESTIONS – Attach Extra Pages to Give All Required Information

27. Convictions and Disciplinary Information for Member of Management Team:

Has any member of the applicant's management team been convicted of a misdemeanor or felony, or had discipline imposed against a license, certification or other authorization to practice a health care occupation or profession? ☐ Yes ☐ No

28. Convictions and Disciplinary Information Relating to Other Ambulance Service:

Has any member of the applicant's management team had a financial interest in or served as a member of the management team of an ambulance service that was convicted of a misdemeanor or felony, or had discipline imposed against its license while that member had a financial interest in the ambulance service or served on its management team? ☐ Yes ☐ No

29. Management Service Contracts ____ Yes ____No (Refer to instructions):

18 Pa. C.S. §4904 provides:

A person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing an official function, the person:

- (1) makes any written false statement which the person does not believe to be true;**
- (2) submits or invites reliance on any writing which the person knows to be forged, altered or otherwise lacking in authenticity; or**
- (3) submits or invites reliance on any sample, specimen, map boundary mark, or other object which the person knows to be false.**

A person commits a misdemeanor of the third degree if the person makes a written false statement which the person does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

On behalf of the applicant, I acknowledge having read the above statement and certify:

- a. That all data and information in this application and any appendices are true and correct to the best of my knowledge and belief.**
- b. That the application has been duly authorized by the applicant.**
- c. That the applicant will operate in accordance with applicable statutes and regulations.**

Printed Name (First, MI, Last)

Title

Signature

Date

POLICIES AND OTHER DOCUMENTATION

Policies and Other Documentation

An applicant for an initial ambulance service license is required to prepare and maintain all of the listed policies. An applicant for renewal of an ambulance service license will need to have all of the documents listed. These policies and other documents must be presented to the inspector at the time of the licensure inspection.

A. Ground Ambulance Services:

1. Policy Statements:

- a. Infection control (See 28 Pa. Code §1005.10(l))
- b. Management of personnel safety (See 28 Pa. Code §1005.10(l))
- c. Substance abuse in the workplace (See 28 Pa. Code §1005.10(l))
- d. Placement and operation of ambulances (See 28 Pa. Code §1005.10(l))
- e. Patient management ((See 28 Pa. Code §1005.10(f) and (l))
- f. Use of lights and warning devices (See 28 Pa. Code §1005.10(g) and (l))
- g. Weapons and explosives (See 28 Pa. Code §1005.10(h) and (l))
- h. Completion of EMS patient care reports (See 28 Pa. Code §§1001.41 and 1005.10(l))
- i. Satisfying documentation requirements (See 28 Pa. Code §1005.10(a) and (l))
- j. Satisfying ambulance standards (See 28 Pa. Code §1005.10(b) and (l))
- k. Satisfying equipment and supply requirements (See 28 Pa. Code §1005.10 and (l))
- l. Satisfying personnel requirements (See 28 Pa. Code §1005.10(d) and (l))
- m. Communicating with PSAPs (See 28 Pa. Code §1005.10(e) and (l))
- n. Accident, injury and fatality reporting (See 28 Pa. Code §1005.10(i) and (l))
- o. Medical command notification (See 28 Pa. Code §1005.10(j) and (l))
- p. Monitoring statutory and regulatory compliance (See 28 Pa. Code §1005.10(k) and (l))
- q. Dissemination and protection of patient information (See 28 Pa. Code §§1001.42 and 1005.10(l))
- r. Participation in statewide and regional quality improvement programs (See 28 Pa. Code §§1001.65 and 1005.10(l))
- s. Drug use, control and security (See 28 Pa. Code §§1005.10(l) and 1005.11))

2. Other Documentation:

- a. Form for duty roster or staff availability schedule (See 28 Pa. Code §1005.10(d) (iii) (A) and (1))
- b. Duty roster or staff availability schedule, if applicable (See 28 Pa. Code §1005.10(d) (1)(iii) (A) and (1))
- c. Call volume records, if applicable (See 28 Pa. Code §1005.10(a)(3))
- d. Record of notification to PSAP of ambulance unavailability, if applicable (See 28 Pa. Code §1005.10(a)(4))
- e. Management service contracts, if applicable (See 28 Pa. Code §1005.10(a)(6))
- f. EMS patient care reports, if applicable (See 28 Pa. Code §§1001.41 and 1005.10(a)(2))

B. Air Ambulance Services

1. Policy Statements:

- a. Infection control (See 28 Pa. Code §1007.7(n))
- b. Management of personnel safety (See 28 Pa. Code §1007.7(n))
- c. Substance abuse in the workplace (See 28 Pa. Code §1007.7(n))
- d. Placement and operation of air ambulances ((See 28 Pa. Code §1007.7(n))
- e. Completion of EMS patient care reports (See 28 Pa. Code §§1001.41 and 1007(n))
- g. Satisfying air ambulance medical director's operational requirements (See 28 Pa. Code §1007.7(i) and (n))
- h. Dissemination and protection of patient information (See 28 Pa. Code §§1001.42, 1007.7(a)(2) and (n))
- i. Participation in Statewide and regional quality improvement programs (See 28 Pa. Code §§1001.65 and 1007.7(n))
- j. Satisfying documentation requirements (See 28 Pa. Code §1007.7(a) and (n))
- k. Satisfying air ambulance requirements (See 28 Pa. Code §1007.7(b) and (n))
- l. Satisfying equipment and supply requirements (See 28 Pa. Code §1007.7(c) and (n))
- m. Satisfying personnel requirements (See 28 Pa. Code §1007.7(d) and (n))
- n. Communicating with PSAPs (See 28 Pa. Code §1007.7(e) and (n))
- o. Satisfying flight requirements (See 28 Pa. Code §1007.7(g) and (n))
- p. Satisfying medical service requirements (See 28 Pa. Code §1007.7(h) and (n))
- q. Satisfying community education program requirements (See 28 Pa. Code §1007.7 (k) and (n))
- r. Medical command notification (See 28 Pa. Code §1007.7(l) and (n))
- s. Monitoring statutory and regulatory compliance (See 28 Pa. Code §1007.7(m) and (n))

f. Access

2. Other Documentation:

- a. Form for duty roster (See 28 Pa. Code §1007.7(a)(1))
- b. Duty roster, if applicable (See 28 Pa. Code §1007.7(a)(1))
- c. Call volume records, if applicable (See 28 Pa. Code §1007.7 (a)(3))
- d. EMS patient care reports, if applicable (See 28 Pa. Code §§1001.41 and 1007.7(g)(3))

PERSONNEL ROSTER

NAME: _____ AFFILIATE # _____
(Applicant)

(Administrative Location) City State Zip

The following individuals are current members of the above named applicant.

Full Name (Last, First, MI)	Certification Level	Certification #	Expiration Date	* EVOC Program	* EVOC Completion Date

STAFFING PLAN

NAME: _____ AFFILIATE # _____
(Applicant)

(Administrative Location) City State Zip

(Station Location (if applicable))

The following is a list of all staff and the times that each is normally available to respond to a call.

Co	
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ATTACHMENT C

GROUND AND AIR AMBULANCE REQUIREMENTS

AND

REQUIRED EQUIPMENT AND SUPPLIES

A. GROUND AND AIR AMBULANCE REQUIREMENTS

GROUND AMBULANCES: Basic Life Support/ALS Mobile Care /ALS Squad Unit

The ambulance must:

1. Meet the requirements of current Federal Specifications KKK 1822 in effect at the time of its manufacture regarding design type, floor plan, general configuration and exterior markings. (Does not apply to an ALS squad unit)
2. Meet the Pennsylvania Vehicle Code requirements, especially 67 PA Code Chapter 173 (relating to flashing or revolving lights on emergency authorized vehicles).
3. Have the following sizes and numbers of "Stars of Life" affixed to its exterior:
 - a. 3" on the front (2)
 - b. 12" on the rear (2)
 - c. 16" on the sides (2)-one on each side of the vehicle.

NOTE: An ALS squad unit is required to have only 3" sizes, but it must have the required number, i.e. six.

4. Have reference to emergency medical services, e.g., ambulance, etc., in lettering at least 3" or higher on both exterior sides of the vehicle.
5. The name of the ambulance service or its fictitious name in letters at least 3" in size on both the right and left exterior sides of the vehicle. Service name must be the dominant lettering.
6. Be equipped with an audible warning device that is electronically operated.
7. Have red flashing or revolving exterior emergency lighting visible 360 degrees around the vehicle. An emergency vehicle may be equipped with a flashing headlamp system and no more than one flashing or revolving white or clear light. If the emergency vehicle is equipped with a light bar assembly, it may not contain no more than two flashing or revolving white or clear lights. The vehicle is permitted to have two amber lights other than the turn signal indicators. Lighting must be in conformance with the Pennsylvania Vehicle Code, especially 67 Pa Code, Chapter 173.
8. Have overhead interior lighting that illuminates the entire top surface of the patient litter, stair well lighting and courtesy lights that must illuminate the EMS personnel's controls (Does not apply to an ALS squad unit).
9. Have a dual battery system. (Does not apply to an ALS squad unit).
10. Have one fully charged fire extinguisher, rated at least 2A: 10 B: C., easily accessible from the outside of the vehicle. The fire extinguisher be intact with safety seal and have been inspected within the previous 12 calendar months and have the appropriate and completed inspection tag attached.

11. Have a power supply to generate sufficient current to operate all accessories without excessive demand to the generating system.
12. Have a floor that is flat, reasonably unencumbered, free of equipment in the walk through areas, non-skid and well maintained. (Does not apply to an ALS squad unit).
13. Have minimum interior dimensions of 60" from floor to ceiling (Does not apply to an ALS squad unit)
14. Have an installed patient partition to separate the patient area from the driver area (Does not apply to an ALS squad unit).
15. Have storage cabinets with sliding doors or with latches to ensure against opening during vehicle movement. (Does not apply to an ALS squad unit). Bulky items such as portable radios and AEDs must be secured to prevent them from becoming projectiles. Equipment on an ALS squad unit must be in cabinets or secured down with straps.
16. Have two IV hangers mounted flush with the ceiling (Does not apply to an ALS squad unit).
17. Have a litter for transporting a patient and at least three patient restraint straps in good operating condition secured to the litter. (Does not apply to an ALS squad unit).
18. Have doors that function properly with door seals that are in good condition; that is, not cracked, broken or missing pieces.
19. Have a "No Smoking" sign in both the driver and the patient compartment. On an ALS squad unit only one sign in the driver's compartment is required.
20. Have operational heating, cooling and ventilation equipment.
21. Have a current vehicle inspection validation issued by the state where the vehicle is registered.
22. Have operational radio equipment for communication with a public safety answering point (PSAP) and hospitals in the ambulance service's emergency service areas. A cellular phone may be used as a backup means of communication.
23. Have an installed on-board 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 securing brackets must be mounted to the vehicle frame. Services may use a liquid oxygen system that provides the same volume.

- b. The cylinder must have more than 500 psi (500 liters of oxygen) of pressure at all times.
 - c. The unit must be equipped with a reducing valve (from 2000 psi to 50 psi line pressure).
 - d. The unit must be equipped with 1 flow meter with a range of 0-25 lpm delivery.
 - e. The unit must be equipped with a non-breakable humidifier and, if attached, must not have water in it when not in use.
24. Have an installed, on-board 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, non-kinking tubing with a lumen of at least 7mm.
 - 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 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 patients position in the ambulance and must be able to reach the head and foot of the litter.
25. Must show proof of current motor vehicle insurance.

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 its exterior.
2. Exterior lighting that illuminates the tail rotor and includes a controllable searchlight able to rotate 180 degrees.
3. An “Air Worthiness Certificate” from the FAA.
4. A patient litter capable of carrying one adult in the supine position and capable of being secured according to FAA requirements.
5. Have an FAA Form 337 with items #1 (which identifies the aircraft), and #2 (which identifies the aircraft owner), and #7 (which shows that the aircraft is "Approved for Return to Service") completed and signed by the appropriate FAA official.
6. Climate controls for maintaining an ambient cabin temperature of between 65-85 degrees 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 and a backup power supply.
11. Two-way radio communications for the pilot to be able to communicate with hospitals, public safety answering points (PSAPs) and ground ambulances.
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 2A: 10.B: C. The fire extinguisher must be intact with the safety seal and have been inspected within the previous 12 calendar months and have the appropriate inspection tag attached.
14. Installed, on-board suctioning equipment that meets the same requirements as a transporting ground ambulance. (See requirements under 24 of ground ambulances).

15. An on-board oxygen system with the following:
 - a. A cylinder with a capacity of 1,200 liters.
 - b. The cylinder must have at least 1,650 psi at 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 and that at least a 1-hour oxygen delivery capacity at 25 lpm is available.

B. 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			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
1. Rechargeable Portable Electric 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) Oropharyngeal (6 different sizes)	X	X	X	X
4. Sphygmomanometer: Child, Adult and Thigh (large) (1 each) Interchangeable gauges are permitted	X	X	X	X
5. Stethoscope (1)	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/500 psi Yoke Cylinder with a minimum total pressure of 500 psi. Non sparking wrench/tank opening device. Gauge/flow meter not gravity dependent and can deliver 0-25 liter per minute Full spare cylinder with a 300 liter capacity Cylinders must be secured in the vehicle	X	X	X	X

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
9. Oxygen Delivery Devices: Nasal Cannulae- adult/pediatric 1 ea. High concentration mask capable of providing 80% or greater concentration adult, pediatric, infant- 1 ea. Pocket mask with one way valve and oxygen port (1)	X	X	X	X
10. Adhesive Tape (4 rolls assorted) 1 roll must be hypoallergenic.	X	X	X	X
11. Dressings: Multi Trauma (10"x 30") (4) Occlusive (3"x 4") (4) Sterile Gauze Pads (3"x3") (25) Soft self-adhering (6 rolls)	X	X	X	X
12. Bandage Shears (1)	X	X	X	X
13. Immobilization Devices: Lateral cervical spine device (1) Long spine board (1) Short spine board (1) Rigid/Semi rigid neck immobilizer S, M, L, pediatric (1 each) Multi-size are permitted and will suffice for the S.M. &L (3)	X	X	X	(Short board not required)
14. Bag-Valve-Mask Devices: Hand operated adult (1) Hand operated pediatric (450- 700cc) (1) Must be capable of 100% oxygen delivery	X	X	X	X
15. Pediatric Equipment Sizing Tape/Chart	X	X	X	X
16. Straps - 9' (5) (may substitute spider straps or speed clips for 3 straps)	X	X	X	X
17. Folding Litter/Collapsible Device (1)	X	X		

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
18. Splinting Devices: Lower extremity mechanical traction splint adult and pediatric (1 each or combination) Padded board splints: 4.5', 3', 15"-(2 each)	X	X		
19. Sterile Water/Normal Saline (2 liters)	X	X	X	X
20. Sterile Burn Sheet (4'X4') (2)	X	X	X	
21. Cold Packs, Chemical (4)	X	X	X	X
22. Heat Packs, Chemical (4)	X	X	X	X
23. Triangular Bandages (8)	X	X	X	
24. Sterile OB Kits (2)	X	X	X	X (Only 1 required)
25. Separate Bulb Syringe (1) Sterile	X	X	X	X
26. Sterile Thermal Blanket (Silver Swaddler) (1), or 1 roll of sterile aluminum foil	X	X	X	X
27. Blankets (2)- cloth	X	X	X	X
28. Sheets (4)	X	X		X
29. Pillowcases (2)	X	X		
30. Pillow (1)	X	X		
31. Towels (4)	X	X		
32. Disposable Tissues (1 box)	X	X		
33. Emesis Container (1)	X	X		
34. Urinal (1)	X	X		
35. Bed Pan (1)	X	X		
36. Disposable Paper Drinking Cups (3oz) (4)	X	X		
37. State Approved Triage Tags (25)	X	X	X	
38. Hand-lights (6 volts) (2)	X	X	X	X
39. Hazard Warning Device (3)	X	X	X	
40. Emergency Jump Kit (1)	X	X	X	X
41. Survival Bag (1)				X
42. Emergency Response Guidebook (1) (current edition)	X	X	X	

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE UNIT	ALS SQUAD	AIR
43. Thermometer oral- (glass, electronic or tympanic)	X	X	X	X
44. Sharps Receptacle (1)-Secured	X	X	X	X
45. Instant Glucose (40% dextrose-d-glucose gel) 45 grams	X	X	X	
46. Activated Charcoal-50 grams	X	X	X	
47. Access Equipment: Large Screwdriver, Phillips and slotted (1 ea) Pliers (1 ea) (slip joint, lineman's needle nose, arc joint and locking) Hand-held Sledgehammer (3 lbs) (1) Impact metal Cutting Tool (1) Short pry-bar (1)-12" Cold Chisel (7"X3/4") (1) Hacksaw w/2 extra blades (1) Adjustable Wrench-10"" (1) Center Punch (1) Gloves (leather) (2 pairs) Hard-Hat (2)	X	X	X	
48. Flight Helmet (1 per crewmember)				X
49. Personal Protection Equipment: Eye protection, clear, disposable (1 per crew member) Face Mask, disposable (1 per crew member) Gown/coat (1 per crew member) Surgical Caps/Foot Coverings disposable (1 set per crewmember) Double Barrier gloves (1 set per crew member) Container (1 per vehicle) or disposable red bags (3 per vehicle) Infection Control Plan	X	X	X	X

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
50. Sponges, Alcohol, Prep (10)		X	X	X
51. Endotracheal Tubes Sizes/Quantities: 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 8.0mm (2) 8.5 mm or 9.0 mm (2) Must be sterile and individually wrapped		X	X	X
52. Endotracheal Tube Placement Validation Device (1) to verify correct Placement (per regional protocol)		X	X	X
53. Laryngoscope handle with batteries and spare batteries and bulbs and the following blades: Straight Curved #1 (S) #3 #2 (M) #4 #3 (L) (1 each of the blades)		X	X	X
54. Meconium Aspirator (1)		X	X	X
55. Lubrication (2cc or larger tubes) sterile water soluble (2)	X	X	X	X
56. Forceps, Magill (adult/ pediatric 1 ea.)		X	X	X
57. IV Fluid Therapy Supplies: Catheters (over the needle-IV): 14,16,18, 20, 22, (4 each) and 24 (2) individually wrapped and sterile. Micro drops (50-60 drops/ml) (2) Macro drops (10-20 drops/ml) (2) IV Fluids-total 2250 milliliters: e.g.-5% dextrose, 0.9% Sodium Chloride, Lactated Ringers Tourniquets for IV Use (2) Intraosseus needles 14-18 gauge (2)		X	X	X

EQUIPMENT/ SUPPLIES	Ambulance Type			
	BLS	ALS MOBILE CARE	ALS SQUAD	AIR
58. Medication and Supplies: Emergency Drugs - (per regional protocols and within state rules & regulations and within exp. date) Nebulizer System 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. Syringes-per regional protocol		X	X	X
59. Defibrillator/Monitor: (FDA approved) (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.		X	X	X
60. Defibrillator/Monitor Supplies: paddle pads (4) or electric gel (2 tubes), electrodes, (ECG, adult and pediatric sizes 6 each)		X	X	X
61. Automated External Defibrillator (for authorized BLS services)	X			
62. Stylette, Malleable-pediatric (2)/adult (1). Must be sterile.		X	X	X
63. Cricothyrotomy Set (Surgical or Needle) Must be sterile.				X
64. Phlebotomy Equipment		X	X	
65. Flutter valve (1) Must be sterile.				X

All equipment must be clean and functional and no supply may be carried beyond an expiration date assigned to it.

March 18, 2003

ATTACHMENT D

MODIFICATION OF AMBULANCE FLEET/ TEMPORARY CHANGE OF VEHICLE FORM



PENNSYLVANIA DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE

MODIFICATION OF AMBULANCE FLEET/TEMPORARY
CHANGE OF VEHICLE FORM

An ambulance service is required to complete this form if it intends to either replace an ambulance on a permanent basis, add an ambulance to its fleet or is required to use an ambulance on a temporary basis to replace an ambulance it has removed from service for repairs or other reasons. A new or additional ambulance may be used by the ambulance service only after the regional EMS council has inspected it, and the ambulance service has been authorized by the Emergency Medical Services Office to begin using the ambulance. For a temporary ambulance, the ambulance service must submit this form to the regional EMS council that has responsibility for the EMS region in which the ambulance will be based. This form may be submitted by facsimile, electronic mail or regular mail, or any other matter no later than 24 hours after the ambulance service places the temporary ambulance in service.

1. Name of Ambulance Service: _____
2. Administrative Headquarters: _____
(Street, Road, etc.) **Note:** P.O. Box not acceptable

(City) (State) (Zip Code)
3. Affiliate #: _____ 4. Ambulance License #: _____
5. Regional EMS Council*: _____
6. Is this action: ____Replacement ____Addition ____Removal ____Temporary
7. Ambulance Being Replaced, Added or Removed:
Year: _____ Make: _____ Model: _____
VIN or Aircraft Serial #: _____
Plate or FAA #: _____
Decal #: _____

8. Additional/Replacement Ambulance Information:

Year _____ Make: _____ Model: _____

VIN or Aircraft Serial # _____

Plate or FAA#: _____

9. Temporary Ambulance Information:

Year: _____ Make: _____ Model: _____

VIN or Aircraft Serial #: _____

Plate of FAA # : _____

Anticipated Length of Use: _____

10. Service Contact:

(Printed Name)

(Signature) (Date)

11. REGIONAL EMS COUNCIL USE ONLY:

Date Received: _____

Date Ambulance Inspected (attach copy of inspection form): _____

Date Forwarded to EMS Office: _____

12. EMERGENCY MEDICAL SERVICE OFFICE USE ONLY:

Date Received: _____

Date Approved: _____

Date License File Updated: _____

THIS FORM MUST BE SUBMITTED TO THE REGIONAL EMS COUNCIL RESPONSIBLE FOR THE EMS REGION IN WHICH THE AMBULANCE SERVICE INTENDS TO PLACE AND OPERATE THE AMBULANCE. IF THE AMBULANCE SERVICE IS REPLACING AN AMBULANCE, THE DECALS MUST BE REMOVED AND RETURNED WITHIN 30 DAYS OF RECEIPT OF THE NEW DECALS FOR THE REPLACEMENT VEHICLE.

* This is the regional EMS council that is responsible for the EMS region where the ambulance service intends to place and operate the ambulance.