



County of Santa Clara
Emergency Medical Services
Policies and Procedures

Policy Number:	302
Effective Date:	1/1/2026
Scheduled Review:	6/1/2029

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS

- I. **Purpose:** The purpose of this policy is to establish minimum inventory requirements for all prehospital care assets in Santa Clara County.
- II. **Authority:** [County of Santa Clara Health and Welfare Code \[Chapter XVI "Ambulance Permits\], Title 22, Division 9 Chapter 7, Prehospital EMS Aircraft Regulations.](#)
- III. **Policy:** The quantities identified below represent the minimum supply that must always be carried for a unit to be in service. Providers may exceed the minimum required quantities at their discretion but may never drop below it. The EMS Agency may authorize exceptions to the minimum requirements in times of disaster, during multi-casualty incidents, etc.

A. **ALS Medications**

ALS Medications	Minimum Quantities Required	
	ALS Transport	ALS Non-Transport
Acetaminophen (IV)	1 gm	1 gm
Activated Charcoal in Aqueous Solution	50 gm	50 gm
Adenosine	30 mg	30 mg
Albuterol 2.5 mg in 3 ml NS (bullet)	6 bullets	4 bullets
Amiodarone	450 mg	450 mg
Atropine Sulfate	10 mg	10 mg
Calcium Chloride	3 g	3 g
Chewable Aspirin	648 mg	648 mg
Dextrose 10% 25 g in 250 ml bag	50 g	50 g
Diphenhydramine	100 mg	50 mg
Epinephrine 1:1,000	3 mg	2 mg
Epinephrine 1:10,000	6 mg	6 mg
Glucagon	2 mg	1 mg
Ipratropium	0.5 mg	0.5 mg
Lidocaine	100 mg	100 mg
Antidote Treatment-Nerve Agent Auto-Injector	6 devices	6 devices
Magnesium Sulfate	4 gm	4 gm
Midazolam	20 mg	15 mg
Morphine Sulfate	20 mg	20 mg
Naloxone	8 mg	4 mg
Nitroglycerine: Oral Spray or Oral Dissolving Tablets	2 bottles	2 bottles
Nitroglycerine Paste: Tube or Individual Packets	1 tube or 4 packets	1 tube or 4 packets
Normal Saline 0.9%	4000 ml	2000 ml
Ondansetron	16 mg	16 mg
Oral Glucose	48 gm	48 gm
Sodium Bicarbonate 8.4%	100 mEq	50 mEq
Tranexamic Acid (TXA)	4 gm	4 gm

APPROVAL:

Signature on File

Nick Clay, EMS Director/Chief

Signature on File

Nicole D'Arcy MD, EMS Medical Director

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS**B. ALS Medication Infusion Supplies and Equipment**

ALS Medication Infusion Supplies & Equipment	Minimum Quantities Required		
	ALS Transport	ALS Non-Transport	
Alcohol Preparation Pads	10	10	<input type="checkbox"/>
Arm board (adult size, may be cut for smaller needs)	1	1	<input type="checkbox"/>
Blood glucose meter and test strips	1	1	<input type="checkbox"/>
Injection Needles (size 21 G and 25 G)	2	2	<input type="checkbox"/>
Intraosseous (IO) Needle Insertion Device (FDA Approved)	1	1	<input type="checkbox"/>
Intraosseous (IO) Needles Large Adult, Adult, and Child	1 ea	1 ea	<input type="checkbox"/>
IV Catheters (sizes 14, 16, 18, 20, 22, 24 G)	3 ea	2 ea	<input type="checkbox"/>
IV Tubing Sets (each of micro and macro with vent valve)	2 ea	1 ea	<input type="checkbox"/>
IV extension tubing or saline lock (hep-lock)	2	1	<input type="checkbox"/>
Lancets (must auto secure lancet after use)	5	2	<input type="checkbox"/>
Sharps Container	1	1	<input type="checkbox"/>
3-way Stop Cock	1	1	<input type="checkbox"/>
Syringes with Luer-Lock (1cc, 3cc, 10cc, and 30cc)	2 ea	2 ea	<input type="checkbox"/>
Tourniquets Band Elastic (for use with IV insertion)	1	1	<input type="checkbox"/>

C. ALS Airway Management Supplies and Equipment

ALS Airway Management Supplies & Equipment	Minimum Quantities Required		
	ALS Transport	ALS Non-Transport	
Adult Nasal Cannula	2	2	<input type="checkbox"/>
Bag Valve Mask Resuscitator (suitable for pediatrics, children, and adults with connection tubing)	2 ea	1 ea	<input type="checkbox"/>
County approved Continuous Positive Airway Pressure (CPAP) Device (multiple adult sizes)	1 ea	1 ea	<input type="checkbox"/>
Capnography Device (colorimetric or waveform)	2	1	<input type="checkbox"/>
Cuffed Endotracheal Tubes with Stylet (each size: 6.0, 7.0, 8.0)	2 ea	1 ea	<input type="checkbox"/>
Endotracheal Tube Introducer (County approved)	2	1	<input type="checkbox"/>
Handheld Nebulizer (Inspiratory-activation style recommended)	3	1	<input type="checkbox"/>
French Suction Catheters (Qty 1 of any Size 6-10 and 12-18)	2 ea	2 ea	<input type="checkbox"/>
Laryngoscope (assorted straight/curved blades for infants, children, and adults with a spare set of batteries/bulb)	1	1	<input type="checkbox"/>
County Approved Video Laryngoscope with video recording capability	1	1	<input type="checkbox"/>
Assorted straight, curved and hyper angulated video laryngoscope blades, adult sizes	2 ea	1 ea	<input type="checkbox"/>
Assorted straight and curved video laryngoscope blades, infant and child sizes	1 ea	1 ea	<input type="checkbox"/>
LMA Supreme (sizes 1-5)	2 ea	1 ea	<input type="checkbox"/>
Magill Forceps (adult & pediatric)	1 ea	1 ea	<input type="checkbox"/>
Nasopharyngeal Airways (Assorted sizes Pediatric & Adult)	2 ea	1 ea	<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS

Non-Rebreather Oxygen Masks – Adult	3	1	<input type="checkbox"/>
Non-Rebreather Oxygen Masks – Pediatric	1	1	<input type="checkbox"/>
Oropharyngeal Airways (Assorted sizes Pediatric and Adult)	1 ea	1 ea	<input type="checkbox"/>
Oxygen Regulator (capable of delivering oxygen at flow rates from 2-25 LPM to support use of the CPAP device)	1	1	<input type="checkbox"/>
Portable Oxygen Cylinder (D or E size with at least 500 PSI of Oxygen)	1	1	<input type="checkbox"/>
Portable Suction Device (a bulb syringe is not sufficient for this requirement)	1	1	<input type="checkbox"/>
Suction Wands	2	1	<input type="checkbox"/>
Vehicle mounted oxygen delivery system, including regulators capable of dispensing oxygen at a flow rate of 2 to 25 liters per minute in support of the CPAP device. Must carry at least 500 PSI of Oxygen in an M or H size oxygen cylinder or an onboard liquid oxygen system (LOX)	1	0	<input type="checkbox"/>

D. ALS Patient Assessment Supplies and Equipment

ALS Patient Assessment Supplies and Equipment	Minimum Quantities Required		
	ALS Transport	ALS Non-Transport	
Blankets (Disposable Acceptable)	2	1	<input type="checkbox"/>
Blood Pressure Cuff: Thigh, Adult, Child, and Infant	1 ea	1 ea	<input type="checkbox"/>
Chemical Activated Cold Packs	3	2	<input type="checkbox"/>
Chemical Activated Heat Packs	2	0	<input type="checkbox"/>
Conductive Gel or Pads (moist 4" X 4" pads not acceptable, not required if using multifunction pads)	2	2	<input type="checkbox"/>
Disposable Sheets	4	0	<input type="checkbox"/>
ECG Electrodes – Adult	15	10	<input type="checkbox"/>
ECG Electrodes - Pediatrics	15	10	<input type="checkbox"/>
Length Based Resuscitation Tape	1	1	<input type="checkbox"/>
OB Kit	1	1	<input type="checkbox"/>
Portable Cardiac Monitor/Defibrillator with one spare battery & paper	1	1	<input type="checkbox"/>
Pulse Oximeter (ALS assets may use a device that is included in the cardiac monitor) 1 - Adult 1 - Pediatric	1	1	<input type="checkbox"/>
Stethoscope (Latex Free)	1	1	<input type="checkbox"/>
Thermometer – Digital Oral or Tympanic	1	1	<input type="checkbox"/>
Set of Ankle and Wrist Restraints (leather or Velcro)	1	0	<input type="checkbox"/>

E. ALS Trauma Supplies and Equipment

ALS Trauma Supplies & Equipment	Minimum Quantities Required		
	ALS Transport	ALS Non-Transport	
Adhesive Tape Rolls (1 inch and 2 inch)	3 ea	1 ea	<input type="checkbox"/>
Lateral Head Support Devices	2	1	<input type="checkbox"/>
Long Plastic Radio Translucent Spine Board	2	1	<input type="checkbox"/>
Pedi-Pad Spine Board Pad (foam, anti-skid pad)	Optional		<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS

Windlass Tourniquet Device (County Approved Commercial Vendor)	2	2	<input type="checkbox"/>
Compression bandage	2	2	<input type="checkbox"/>
Occlusive Dressings or Chest Seals	2	2	<input type="checkbox"/>
Pelvic Binding Equipment	2	2	<input type="checkbox"/>
Rigid Cervical Collars (infant, child and adult or if unisize a total of 4 are required)	2 ea	2 ea	<input type="checkbox"/>
Splints (Pneumatic or rigid extremity)	4	2	<input type="checkbox"/>
Sterile 4 Inch Gauze Rolls	6	2	<input type="checkbox"/>
Sterile 4 X 4 Inch Gauze Pads	12	6	<input type="checkbox"/>
Traction Splint (Adult & Pedi required – may be one device)	1	0	<input type="checkbox"/>
Trauma Dressings (10"x30" or larger)	2	2	<input type="checkbox"/>
Trauma Shears	2	2	<input type="checkbox"/>
Triage Tags (DMS version) (County Approved)	20	20	<input type="checkbox"/>
Triangular Bandages	4	2	<input type="checkbox"/>
Webbed Belt or Strapping Devices (enough to secure at least two patients)	2 patients	2 patients	<input type="checkbox"/>

F. ALS General Equipment

ALS General Equipment	Minimum Quantities Required		
	ALS Transport	ALS Non-Transport	
2A:10B:C Fire Extinguisher (fire service apparatus exempt)	1	1	<input type="checkbox"/>
Bed Pan	1	0	<input type="checkbox"/>
Blue Helmets (Fire/Public Safety exempt) Applies to all personnel (crew, interns, observers, etc.)	1 per person	1 per person	<input type="checkbox"/>
Collapsible gurney with straps to secure the patient to the gurney and fastening device to secure to the ambulance	1	0	<input type="checkbox"/>
County Approved 700 MHz Portable Radio (private ambulance services only - includes a spare battery per portable)	1	1	<input type="checkbox"/>
County Approved 700 MHz Portable Radio (County Emergency Ambulance Provider ambulances must be equipped with 2 spare batteries)	2	2	<input type="checkbox"/>
County Approved 700/800 MHz Mobile Radio (County Emergency Ambulance Provider Requirement Only)	1	1	<input type="checkbox"/>
County Approved UHF Mobile Radio (County Emergency Ambulance Provider Requirement Only)	1	0	<input type="checkbox"/>
County Approved VHF Mobile Radio (County Emergency Ambulance Provider Requirement Only)	1	0	<input type="checkbox"/>
Disposable Sheets	4	0	<input type="checkbox"/>
"DOT" Approved Child Safety Restraint (may or may not be a child seat)	1	0	<input type="checkbox"/>
"DOT" Emergency Response Guidebook (must be current edition, may be electronic)	1	1	<input type="checkbox"/>
Drinking Water in 8-12oz Individual Containers or equivalent (for patient use and secondary rehab functions)	5	2	<input type="checkbox"/>
Fire Scope Field Operations Guide (FOG) (must be current electronic edition)	1	1	<input type="checkbox"/>
Flat Stretcher (includes scoops)	1	0	<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS

ICS 219 Resources Status Cards (T-Cards)	2	2	<input type="checkbox"/>
Map covering all of Santa Clara County that utilizes the same grid coordinate system used by County Communications (air unit exempt)	1	1	<input type="checkbox"/>
Mobile Cellular Phone	1	1	<input type="checkbox"/>
MCI Plan (Reference # 811) (hardcopy is required)	1	1	<input type="checkbox"/>
Pillows (must be disposable or have disposable covers)	2	0	<input type="checkbox"/>
Portable Battery-Operated Light or Rechargeable Light (includes at least one set of spare batteries)	2	2	<input type="checkbox"/>
Santa Clara County Approved Patient Care Report (PCR) (Hardcopy for disaster/MCI response)	20	5	<input type="checkbox"/>
Policy 610 Schedule A Forms (hardcopy required)	5	5	<input type="checkbox"/>
Santa Clara County Prehospital Care Manual (may be electronic or kept in quarters)	1	1	<input type="checkbox"/>
State of California Map (hardcopy required)	1	0	<input type="checkbox"/>
Towels	2	0	<input type="checkbox"/>
Urinal	1	0	<input type="checkbox"/>
0.5% bleach solution (enough for equipment disinfection)	1	1	<input type="checkbox"/>

G. ALS Personal Protective Equipment

ALS Personal Protective Equipment (PPE)	Minimum Quantities Required		
	ALS Transport	ALS Non-Transport	
Bactericidal / Virucidal Hand Wipes or equivalent (box of 25 or equivalent)	1	1	<input type="checkbox"/>
Eye protection (glasses or goggles)	1 per crewmember	1 per crewmember	<input type="checkbox"/>
Face shield	2 per crewmember	2 per crewmember	<input type="checkbox"/>
Impermeable gown or coveralls or suits (with surgical hood extending to shoulders)	2 per crewmember	2 per crewmember	<input type="checkbox"/>
Impermeable leg and shoe covers (exempt if provided by coveralls or suits)	2 per crewmember	2 per crewmember	<input type="checkbox"/>
Infectious Waste Bags	5	2	<input type="checkbox"/>
Pair of Leather Work Gloves (recommend one pair provided to each employee to ensure sizing)	1	0	<input type="checkbox"/>
Nitrile Gloves (assorted sizes to fit all crew members)	1 box ea size	1 box ea size	<input type="checkbox"/>
Respirators (P100, R100, or N100)	2 per crewmember	2 per crewmember	<input type="checkbox"/>

H. Air Ambulance Medications

Air Ambulance Medications	Minimum Quantities Required	
Chewable Aspirin	648 mg	<input type="checkbox"/>
Antidote Treatment-Nerve Agent Auto-Injector	6 devices	<input type="checkbox"/>
Naloxone	8 mg	<input type="checkbox"/>
Normal Saline 0.9%	2000 ml	<input type="checkbox"/>
Oral Glucose	48 gm	<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS**I. Air Ambulance Medication Infusion Supplies & Equipment**

Air Ambulance Medication Infusion Supplies & Equipment	Minimum Quantities Required	
Alcohol Preparation Pads	10	<input type="checkbox"/>
Blood glucose meter and test strips	1	<input type="checkbox"/>
Injection Needles 25G	2	<input type="checkbox"/>
Intraosseous (IO) Needle Insertion Device (FDA Approved)	1	<input type="checkbox"/>
Intraosseous (IO) Needle (for FDA Approved Device) 1 – Large Adult 1 - Adult 1 - Child	1 ea	<input type="checkbox"/>
IV Catheters (sizes 14, 16, 18, 20, 22, 24 G)	2 ea	<input type="checkbox"/>
IV Tubing Sets (each of micro and macro with vent valve)	1 ea	<input type="checkbox"/>
Lancets (must auto secure lancet after use)	5	<input type="checkbox"/>
Sharps Container	1	<input type="checkbox"/>
Syringes with Luer-Lock (size appropriate for med concentration or	2 ea	<input type="checkbox"/>
Tourniquets Band Elastic (for use with IV insertion)	1	<input type="checkbox"/>

J. Air Ambulance Patient Assessment Supplies & Equipment

Air Ambulance Patient Assessment Supplies & Equipment	Minimum Quantities Required	
Blankets (Disposable Acceptable)	1	<input type="checkbox"/>
Blood Pressure Cuff: Thigh, adult, Child, and infant	1 ea	<input type="checkbox"/>
Conductive Gel or Pads (moist 4" X 4" pads not acceptable, not required if using multifunction pads)	2	<input type="checkbox"/>
ECG Electrodes – Adult	6	<input type="checkbox"/>
ECG Electrodes - Pediatrics	6	<input type="checkbox"/>
Length Based Resuscitation Tape	1	<input type="checkbox"/>
OB Kit	1	<input type="checkbox"/>
Portable Cardiac Monitor/Defibrillator with one spare battery & paper	1	<input type="checkbox"/>
Pulse Oximeter (ALS assets may use a device that is included in the cardiac monitor) 1 - Adult 1 - Pediatric	1	<input type="checkbox"/>
Stethoscope (Latex Free)	1	<input type="checkbox"/>
Thermometer – Digital Oral or Tympanic	1	<input type="checkbox"/>

K. Air Ambulance Airway Management Supplies & Equipment

Air Ambulance Airway Management Supplies & Equipment	Minimum Quantities Required	
Bag Valve Mask Resuscitator (suitable for pediatrics, children, adults with connection tubing)	1 ea	<input type="checkbox"/>
County approved Continuous Positive Airway Pressure (CPAP) Device (multiple adult sizes)	1 ea	<input type="checkbox"/>
Capnography Device (colorimetric or waveform)	1	<input type="checkbox"/>
Endotracheal Tubes with Stylet (Assorted sizes for Neonate, Pediatric and adult)	2 ea	<input type="checkbox"/>
Endotracheal Tube Introducer (County Approved)	2	<input type="checkbox"/>
French Suction Catheters (Assorted sizes for Pediatric and Adult)	1 ea	<input type="checkbox"/>
Handheld Nebulizer (Inspiratory-activation style recommended)	1	<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS

Laryngoscope (assorted straight/curved blades for infants, children, and adults with a spare set of batteries/bulb)	1	<input type="checkbox"/>
Video Laryngoscope device with blades	1	<input type="checkbox"/>
Magill Forceps (adult & Pediatric)	1 ea	<input type="checkbox"/>
Non-Rebreather Oxygen Masks – Adult	2	<input type="checkbox"/>
Non-Rebreather Oxygen Masks – Pediatric	1	<input type="checkbox"/>
Oropharyngeal Airways (Assorted sizes for Pediatric and Adult)	1	<input type="checkbox"/>
Oxygen Regulator (capable of delivering oxygen at flow rates from 2-25 LPM to support use of the CPAP device)	1	<input type="checkbox"/>
Supraglottic Airway (Adult and pediatric)	1 ea	<input type="checkbox"/>
Portable Oxygen Cylinder (D or E size with at least 500 PSI of Oxygen)	1	<input type="checkbox"/>
Portable Suction Device (bulb syringe is not sufficient for this requirement)	1	<input type="checkbox"/>
Suction Wands	2	<input type="checkbox"/>
Mounted oxygen delivery system, including regulators capable of dispensing oxygen at a flow rate of 2 to 25 liters per minute in support of the CPAP device. Must carry at least 500 PSI of Oxygen to last at least 30 min.	1	<input type="checkbox"/>

L. Air Ambulance Trauma Supplies & Equipment

Air Ambulance Trauma Supplies & Equipment	Minimum Quantities Required	
Adhesive Tape Rolls (1 inch and 2 inch)	2 ea	<input type="checkbox"/>
Lateral Head Support Devices	1	<input type="checkbox"/>
Long Plastic Radio Translucent Spine Board (see Schedule B)	1	<input type="checkbox"/>
Pedi-Pad Spine Board Pad (foam, anti-skid pad)	Optional	<input type="checkbox"/>
Windlass Tourniquet Device (County Approved Commercial Vendor)	1	<input type="checkbox"/>
Compression bandage	2	<input type="checkbox"/>
Occlusive Dressings or Chest Seals	1	<input type="checkbox"/>
Rigid Cervical Collars (infant, child and adult or if unisize, a total of 2 required)	1 ea	<input type="checkbox"/>
Splints (Pneumatic or rigid extremity)	1	<input type="checkbox"/>
Sterile 4 Inch Gauze Rolls	1	<input type="checkbox"/>
Sterile 4 X 4 Inch Gauze Pads	4	<input type="checkbox"/>
Traction Splint (Adult & Pedi required – may be one device)	1	<input type="checkbox"/>
Trauma Dressings (Minimum 10” x 30” or larger)	1	<input type="checkbox"/>
Trauma Shears	1	<input type="checkbox"/>
Triage Tags (DMS version) (County Approved)	5	<input type="checkbox"/>
Webbed Belt or Strapping Devices (quantities to secure one patient)	1 patient	<input type="checkbox"/>

M. Air Ambulance General Equipment

Air Ambulance General Equipment	Minimum Quantities Required	
2A:10B:C Fire Extinguisher (air unit equivalent acceptable, fire service apparatus exempt)	1	<input type="checkbox"/>
FAA approved patient securing device	1	<input type="checkbox"/>
County Approved 700 MHz Portable Radio (private ambulance services only - includes a spare battery per portable)	1	<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS

"DOT" Emergency Response Guidebook (current edition)	1	<input type="checkbox"/>
ICS 219 Resources Status Cards (T-Cards)	3	<input type="checkbox"/>
MCI Plan (Reference # 811) (a hardcopy is required)	1	<input type="checkbox"/>
Policy 610 Schedule A Forms (hardcopy required)	1	<input type="checkbox"/>
Portable Battery-Operated Light or Rechargeable Light (includes at least one set of spare batteries)	1	<input type="checkbox"/>
Santa Clara County Prehospital Care Manual (may be electronic or kept in quarters)	1	<input type="checkbox"/>
0.5% bleach solution (enough for equipment disinfection)	1	<input type="checkbox"/>

N. Air Ambulance Personal Protective Equipment (PPE)

Air Ambulance Personal Protective Equipment (PPE)	Minimum Quantities Required	
Bactericidal/Virucidal Hand Wipes or equivalent (box of 25 or equivalent)	1	<input type="checkbox"/>
Eye protection (glasses or goggles)	1 per crewmember	<input type="checkbox"/>
Face shield	2 per crewmember	<input type="checkbox"/>
Impermeable gown/coveralls/suits (with hood)	2 per crewmember	<input type="checkbox"/>
Impermeable leg and shoe covers (exempt if provided by above)	2 per crewmember	<input type="checkbox"/>
Infectious Waste Bags	2	<input type="checkbox"/>
Nitrile Gloves (assorted sizes to fit all crew members)	1 box of each	<input type="checkbox"/>
Respirators (P100, R100, or N100)	2 per crewmember	<input type="checkbox"/>

O. BLS/CCT Medications/Infusion/Airway Supplies & Equipment

BLS/CCT Medications/Infusion/Airway Supplies & Equipment	Minimum Quantities Required		
	BLS/CCT Transport	BLS Non-Transport	
Chewable Aspirin	648 mg	648 mg	<input type="checkbox"/>
Oral Glucose	48 gm	48 gm	<input type="checkbox"/>
Blood glucose meter and test strips	1	1	<input type="checkbox"/>
Naloxone Intranasal Autoinjector (BLS)	2	1	<input type="checkbox"/>
Naloxone (CCT)	8 mg	4 mg	<input type="checkbox"/>
Alcohol Preparation Pads	5	5	<input type="checkbox"/>
Adult Nasal Cannula	2	2	<input type="checkbox"/>
Bag Valve Mask Resuscitator (suitable for pediatrics, children, adults with connection tubing)	2 ea	1 ea	<input type="checkbox"/>
French Suction Catheters (Qty 1 of any size 6-10) (Qty 1 of any size 12-18)	2 ea	0	<input type="checkbox"/>
LMA Supreme (sizes 3, 4, and 5)	2 ea	1 ea	<input type="checkbox"/>
Nasopharyngeal Airways Kit	1	1	<input type="checkbox"/>
Non-Rebreather Oxygen Masks – Adult	3	1	<input type="checkbox"/>
Non-Rebreather Oxygen Masks – Pediatric	1	1	<input type="checkbox"/>
Oropharyngeal Airways Kit	1	1	<input type="checkbox"/>
Oxygen Regulator (capable of delivering oxygen at flow rates from 2-25 LPM)	1	1	<input type="checkbox"/>
Portable Oxygen Cylinder (D or E size with at least 500 PSI of Oxygen)	1	1	<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS

Portable Suction Device (bulb syringe is not sufficient for this requirement)	1	1	<input type="checkbox"/>
Suction Wands	2	1	<input type="checkbox"/>
Vehicle mounted oxygen delivery system (including regulators capable of dispensing oxygen at a flow rate of 2 to 25 liters per minute, must carry at least 500 PSI of Oxygen in an M or H size oxygen cylinder or an onboard liquid oxygen system (LOX)	1	0	<input type="checkbox"/>

P. BLS/CCT Patient Assessment Supplies & Equipment

BLS/CCT Patient Assessment Supplies & Equipment	Minimum Quantities Required		
	BLS/CCT Transport	BLS Non-Transport	
Automatic External Defibrillator (AED) <i>(Must be compliant with AHA 2010 Guidelines for CPR & Emergency Cardiovascular Care)</i>	1	1	<input type="checkbox"/>
Automatic External Defibrillation Pads (Adult / Pedi)	2/1	1/1	<input type="checkbox"/>
Blankets (Disposable Acceptable)	2	1	<input type="checkbox"/>
Blood Pressure Cuff: thigh, adult, child, and infant	1 ea	1 ea	<input type="checkbox"/>
Chemical Activated Cold Packs	3	2	<input type="checkbox"/>
Chemical Activated Heat Packs (exempt if electric warming blanket used)	2	0	<input type="checkbox"/>
Disposable Sheets	4	0	<input type="checkbox"/>
OB Kit	1	1	<input type="checkbox"/>
Set of Ankle and Wrist Restraints (leather or Velcro)	1	0	<input type="checkbox"/>
Stethoscope (Latex Free)	1	1	<input type="checkbox"/>
Thermometer – Digital Oral or Tympanic	1	0	<input type="checkbox"/>

Q. BLS/CCT Trauma Supplies & Equipment

BLS/CCT Trauma Supplies & Equipment	Minimum Quantities Required		
	BLS/CCT Transport	BLS Non-Transport	
Adhesive Tape Rolls (1 inch and 2 inch)	3 ea	1 ea	<input type="checkbox"/>
Lateral Head Support Devices	2	1	<input type="checkbox"/>
Long Plastic Radio Translucent Spine Board (see Schedule B)	2	1	<input type="checkbox"/>
Pedi-Pad Spine Board Pad (foam, anti-skid pad)	Optional		<input type="checkbox"/>
Windlass Tourniquet Device (County Approved Commercial Vendor)	2	2	<input type="checkbox"/>
Compression bandage	2	2	<input type="checkbox"/>
Occlusive Dressings or Chest Seals	2	2	<input type="checkbox"/>
Rigid Cervical Collars (infant, child and adult or if unisize, a total of 4 are required)	2 ea	2 ea	<input type="checkbox"/>
Splints (Pneumatic or rigid extremity)	4	2	<input type="checkbox"/>
Sterile 4 Inch Gauze Rolls	6	2	<input type="checkbox"/>
Sterile 4 X 4 Inch Gauze Pads	12	6	<input type="checkbox"/>
Traction Splint (Adult & Pedi required – may be 1 device)	1	0	<input type="checkbox"/>
Trauma Dressings (10" x 30" or larger)	2	2	<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS

Trauma Shears	2	1	<input type="checkbox"/>
Triage Tags (DMS version) (County Approved)	20	20	<input type="checkbox"/>
Triangular Bandages	4	2	<input type="checkbox"/>
Webbed Belt or Strapping Devices (enough to secure at least two patients)	2 patients	2 patients	<input type="checkbox"/>

R. BLS/CCT General Equipment

BLS/CCT General Equipment	Minimum Quantities Required		
	BLS/CCT Transport	BLS Non-Transport	
2A:10B:C Fire Extinguisher (fire service apparatus exempt)	1	1	<input type="checkbox"/>
Bed Pan	1	0	<input type="checkbox"/>
Blue Helmets (Fire/Public Safety exempt) Applies to all personnel (crew, interns, observers, etc.)	1 per person	1 per person	<input type="checkbox"/>
Collapsible gurney with straps to secure the patient to the gurney and fastening device to secure to the ambulance	1	0	<input type="checkbox"/>
County Approved 700 MHz Portable Radio (private ambulance services only- includes a spare battery per portable)	1	1	<input type="checkbox"/>
Disposable Sheets	4	0	<input type="checkbox"/>
“DOT” Approved Child Safety Restraint (may or may not be a child seat)	1	0	<input type="checkbox"/>
“DOT” Emergency Response Guidebook (must be current edition, may be electronic)	1	1	<input type="checkbox"/>
Drinking Water in 8-12oz Individual Containers or equivalent (for patient use and secondary rehab functions)	5	2	<input type="checkbox"/>
Fire Scope Field Operations Guide (FOG) (must be current electronic edition)	1	1	<input type="checkbox"/>
Flat Stretcher (includes scoops)	1	0	<input type="checkbox"/>
ICS 219 Resources Status Cards (T-Cards)	2	2	<input type="checkbox"/>
Map covering all of Santa Clara County that utilizes the same grid coordinate system used by County Communications (air unit exempt)	1	1	<input type="checkbox"/>
Mobile Cellular Phone	1	0	<input type="checkbox"/>
MCI Plan (Reference # 811) (hardcopy is required)	1	1	<input type="checkbox"/>
Pillows (must be disposable or have disposable covers)	2	0	<input type="checkbox"/>
Portable Battery-Operated Light or Rechargeable Light (includes at least one set of spare batteries)	2	2	<input type="checkbox"/>
Policy 610 Schedule A Forms (hardcopy required)	5	5	<input type="checkbox"/>
Santa Clara County Approved Patient Care Report (PCR) (Hardcopy for disaster/MCI response)	20	5	<input type="checkbox"/>
Santa Clara County Prehospital Care Manual (may be electronic or kept in quarters)	1	1	<input type="checkbox"/>
State of California Map (hardcopy required)	1	0	<input type="checkbox"/>
Towels	2	0	<input type="checkbox"/>
Urinal	1	0	<input type="checkbox"/>
0.5% bleach solution (enough for equipment disinfection)	1	1	<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS**S. BLS/CCT Personal Protective Equipment (PPE)**

BLS/CCT Personal Protective Equipment (PPE)	Minimum Quantities Required		
	BLS/CCT Transport	BLS Non-Transport	
Bactericidal / Virucidal Hand Wipes or equivalent (box of 25 or equivalent)	1	1	<input type="checkbox"/>
Eye protection (glasses or goggles)	1 per crewmember	1 per crewmember	<input type="checkbox"/>
Face shield	2 per crewmember	2 per crewmember	<input type="checkbox"/>
Impermeable gown or coveralls or suits (with surgical hood extending to shoulders)	2 per crewmember	2 per crewmember	<input type="checkbox"/>
Impermeable leg and shoe covers (exempt if provided by coveralls or suits)	2 per crewmember	2 per crewmember	<input type="checkbox"/>
Infectious Waste Bags	5	2	<input type="checkbox"/>
Pair of Leather Work Gloves (recommend one pair provided to each employee to ensure sizing)	2	0	<input type="checkbox"/>
Nitrile Gloves (assorted sizes to fit all crew members)	1 box of each	1 box of each	<input type="checkbox"/>
Respirators (P100, R100, or N100)	2 per crewmember	2 per crewmember	<input type="checkbox"/>

T. EMS Field Supervisor Medications / Supplies & Equipment

EMS Field Supervisor Medications / Supplies & Equipment	Minimum Quantities Required	
Antidote Treatment-Nerve Agent Auto-Injector	20	<input type="checkbox"/>
Normal Saline 0.9%	1000 ml	<input type="checkbox"/>
Oral Glucose	48 gm	<input type="checkbox"/>
Alcohol Preparation Pads	10	<input type="checkbox"/>
IV Tubing Sets (each of micro and macro with vent valve)	1 ea	<input type="checkbox"/>
Sharps Container	1	<input type="checkbox"/>

U. EMS Field Supervisor Airway Management Supplies & Equipment

EMS Field Supervisor Airway Management Supplies & Equipment	Minimum Quantities Required	
Adult Nasal Cannula	1	<input type="checkbox"/>
Bag Valve Mask Resuscitator (suitable for pediatrics, children, adults with connection tubing)	1 ea	<input type="checkbox"/>
Nasopharyngeal Airways (Assorted sizes for Pediatric and Adult)	1 ea	<input type="checkbox"/>
Non-Rebreather Oxygen Masks – Adult	1	<input type="checkbox"/>
Non-Rebreather Oxygen Masks – Pediatric	1	<input type="checkbox"/>
Oropharyngeal Airways (Assorted sizes for Pediatric and Adult)	1 ea	<input type="checkbox"/>
Oxygen Regulator (capable of delivering oxygen at flow rates from 2-25 LPM)	1	<input type="checkbox"/>
Portable Oxygen Cylinder (D or E size with at least 500 PSI of Oxygen)	1	<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS**V. EMS Field Supervisor Patient Assessment Supplies & Equipment**

EMS Field Supervisor Patient Assessment Supplies & Equipment	Minimum Quantities Required	
Automatic External Defibrillator (AED) <i>(Must be compliant with AHA 2010 Guidelines for CPR & Emergency Cardiovascular Care)</i>	1	<input type="checkbox"/>
Automatic External Defibrillation Pads (Adult / Pedi)	1/1	<input type="checkbox"/>
Blankets (Disposable Acceptable)	2	<input type="checkbox"/>
Blood Pressure Cuff: thigh, adult, child, and infant	1 ea	<input type="checkbox"/>
OB Kit	1	<input type="checkbox"/>
Stethoscope (Latex Free)	1	<input type="checkbox"/>
Adhesive Tape Rolls (1 inch and 2 inch)	3 ea	<input type="checkbox"/>
Windlass Tourniquet Device (County Approved Commercial Vendor)	5	<input type="checkbox"/>
Compression bandage	2	<input type="checkbox"/>
Occlusive Dressings or Chest Seals	4	<input type="checkbox"/>
Sterile 4 Inch Gauze Rolls	6	<input type="checkbox"/>
Sterile 4 X 4 Inch Gauze Pads	12	<input type="checkbox"/>
Trauma Dressings (10"x 30" or larger)	2	<input type="checkbox"/>
Trauma Shears	1	<input type="checkbox"/>
Triage Tags (DMS version) (County Approved)	50	<input type="checkbox"/>
Triangular Bandages	4	<input type="checkbox"/>

W. EMS Field Supervisor General Equipment

EMS Field Supervisor General Equipment	Minimum Quantities Required	
2A:10B:C Fire Extinguisher	1	<input type="checkbox"/>
Blue Helmets (Fire/Public Safety exempt) Applies to all personnel (crew, interns, observers, etc.)	1 per person	<input type="checkbox"/>
County Approved 700 MHz Portable Radio (private ambulance services only - includes a spare battery per portable)	6	<input type="checkbox"/>
County Approved UHF Mobile Radio (County Emergency Ambulance Provider Requirement Only)	1	<input type="checkbox"/>
County Approved VHF Mobile Radio (County Emergency Ambulance Provider Requirement Only)	1	<input type="checkbox"/>
County Approved 700/800 MHz Mobile Radio (County Emergency Ambulance Provider Requirement Only)	1	<input type="checkbox"/>
"DOT" Emergency Response Guidebook (current edition)	1	<input type="checkbox"/>
Drinking Water in 8-12oz Individual Containers or equivalent	1 case of 24 bottles	<input type="checkbox"/>
Fire Scope Field Operations Guide (FOG) (must be current electronic edition)	1	<input type="checkbox"/>
Handheld GPS (with spare batteries)	1	<input type="checkbox"/>
ICS 214 Activity Logs	20	<input type="checkbox"/>
ICS 219 Resources Status Cards (T-Cards)	2	<input type="checkbox"/>
Map covering all of Santa Clara County that utilizes the same grid coordinate system used by County Communications	1	<input type="checkbox"/>
Meals Ready to Eat (MRE's)	36	<input type="checkbox"/>
Mobile Cellular Phone	1	<input type="checkbox"/>
MCI Plan (Reference # 811) (hardcopy required)	1	<input type="checkbox"/>
Policy 610 Schedule A Forms (hardcopy required)	10	<input type="checkbox"/>

PREHOSPITAL CARE ASSET-MINIMUM INVENTORY REQUIREMENTS

Portable Battery-Operated Light or Rechargeable Light (includes at least one set of spare batteries)	2	<input type="checkbox"/>
Santa Clara County Approved Patient Care Reports (Hardcopies)	100	<input type="checkbox"/>
Santa Clara County Prehospital Care Manual	1	<input type="checkbox"/>
Sleeping Bags	2	<input type="checkbox"/>
State of California Map (hardcopy required)	6	<input type="checkbox"/>
0.5% bleach solution (enough for equipment disinfection)	1	<input type="checkbox"/>

X. Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE)	Minimum Quantities Required	
Bactericidal/Virucidal Hand Wipes or equivalent (box of 25 or equivalent)	1	<input type="checkbox"/>
Eye protection (glasses or goggles)	1 per crewmember	<input type="checkbox"/>
Face shield	2 per crewmember	<input type="checkbox"/>
Impermeable gown or coveralls or suits (with surgical hood extending to shoulders)	2 per crewmember	<input type="checkbox"/>
Impermeable leg and shoe covers (exempt if provided by coveralls or suits)	2 per crewmember	<input type="checkbox"/>
Infectious Waste Bags	2	<input type="checkbox"/>
Leather Work Gloves	1 pair	<input type="checkbox"/>
Nitrile Gloves (assorted sizes to fit all crew members)	1 box of each size	<input type="checkbox"/>
Respirators (P100, R100, or N100)	2 per crewmember	<input type="checkbox"/>

IV. Special Considerations:

- A. The EMS Agency may authorize exceptions to the minimum requirements in times of disaster, during multi-casualty incidents, etc.

V. References:

- A. EMS Policy 101 - Definitions

VI. Attachments: None