

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**

**TITLE:** ALTERNATE RESPONSE VEHICLE

**POLICY:** IDPH CODE 515.825 and 515.830

Alternate Response Vehicles include Non-Transport vehicles and Ambulance Assistance Vehicles.

- I) **Ambulance Assistance Vehicles** are dispatched simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance. These assistance vehicles include fire engines, trucks, squad cars or chief's cars that contain the staff and equipment required by this Section. These vehicles will not function as assist vehicles if staff and equipment required by this Section are not available. The agency will identify these vehicles as a program plan amendment outlining the type and level of response that is planned. The vehicle will not transport or be a primary response vehicle but a supplementary vehicle to support EMS services. The vehicle will be dispatched only if needed. Ambulance assistance vehicles will be classified as either:
- 1) ALS ambulance assistance vehicles will be staffed with a minimum of one System authorized Paramedic, PHRN or physician and will have all required equipment;
  - 2) ILS ambulance assistance vehicles will be staffed with a minimum of one System authorized A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment;
  - 3) BLS ambulance assistance vehicles will be staffed with a minimum of one System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment;
  - 4) EMR (First Responder) assistance vehicles will be staffed with a minimum of one System authorized EMR, EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment.
- II) **Non-Transport Vehicles** are dispatched prior to dispatch of a transporting ambulance and will have a transporting ALS ambulance within a 10-minute response time. These vehicles include ambulances and fire engines that contain the staff and equipment required by this Section. The vehicle service provider will identify non-transport vehicles as a program plan amendment outlining the type and level of response that is planned. Non-transport vehicles will be staffed 24 hours per day, every day of the year.
- 1) ALS Non-Transport Vehicles will be staffed with a minimum of either one System authorized Paramedic or PHRN and one additional System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment;
  - 2) ILS Non-Transport Vehicles will be staffed with a minimum of either one System authorized A-EMT/EMT-I, Paramedic or PHRN and one additional System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment;
  - 3) BLS Non-Transport Vehicles will be staffed with a minimum of either one System authorized EMT, A-EMT/EMT-I, Paramedic or PHRN and one additional System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment;
  - 4) EMR (First Responder) Non-Transport Vehicles will be staffed with a minimum of either one System authorized EMR, EMT, A-EMT/EMT-I, Paramedic or PHRN and one additional System authorized EMR, EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment.

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: ALTERNATE RESPONSE VEHICLE CONTINUED**

- III) Equipment requirements: Each vehicle used as an alternate response vehicle will meet the following equipment requirements, as determined by IDPH by an inspection. Download the latest IDPH NT Inspection Form from <https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems>
- 1) Functional portable oxygen cylinder, with a capacity of not less than 350 liters w/tank key
  - 2) Dial flowmeter/regulator for 15 lpm
  - 3) Delivery tubes
  - 4) Adult, child, and infant masks (1 each)
  - 5) Adult squeeze bag and valve w/adult and child masks (1 each)
  - 6) Child squeeze bag and valve w/child, infant and newborn size masks (1 each)
  - 7) Airways, Oropharyngeal: adult, child, and infant sizes 00-5 (1 each)
  - 8) Airways, Nasopharyngeal w/lubrication: sizes 12-30 (1 each)
  - 9) Adult and child nasal cannulas (1 each)
  - 10) **Manually operated suction device**
  - 11) Triangular bandages or slings (2)
  - 12) Roller bandages, self-adhering 4" by 5 yds (2)
  - 13) Trauma dressings (2)
  - 14) Sterile gauze pads 4" by 4" (2)
  - 15) Vaseline gauze 3" by 8" (1)
  - 16) Bandage shears (1)
  - 17) Adhesive tape rolls (2 each)
  - 18) Blanket, mylar accepted (1 each)
  - 19) Cervical collars - adult, child and infant sizes (1 each)
  - 20) Extremity splints - adult/child, long/short (1)
  - 21) Adult/child/infant blood pressure cuffs and gauge (1 each)
  - 22) Stethoscope (1)
  - 23) Burn Sheet, individually wrapped (1)
  - 24) Sterile saline or water solution (1,000ml), plastic bottle or bag (1)
  - 25) OB kit, sterile – minimum one, pre-packaged with instruments, bulb syringe and cord clamps
  - 26) Thermal blanket and head cover, aluminum foil roll or appropriate heat reflective material (1)
  - 27) Cold Packs (2) and Warm Packs (2)
  - 28) EMS run reports (5 minimum)
  - 29) Nonporous disposable gloves (1 box)
  - 30) PPE including gowns, eye/nose/mouth protection or face shields
  - 31) Flashlight and Pen light (1 each)
  - 32) Communication equipment to allow reliable communications with hospital
  - 33) Remains bag: dependent on county policies regarding coroner response and body transport
  - 34) Opioid antagonist, including but not limited to Naloxone. See sections 36-37 for administration equipment appropriate to the licensed level of care
  - 35) Automated external defibrillator (AED) that includes pediatric capabilities

## SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

**TITLE: ALTERNATE RESPONSE VEHICLE CONTINUED**

- 36) EMR – System required equipment in addition to items 1-35
- Baby Aspirin 81 mg blister pack of (4) tablets or (1) bottle
  - Albuterol/Ventolin 2.5 mg (2)
  - Atrovent/Ipratropium 0.5mg (2)
  - Nebulizer Kit (1)
  - Naloxone/Narcan 2mg/2ml syringe (2)
  - MAD/Mucosal Atomization Device (2)
  - Syringes: 3ml (2)
  - Filter Needles: 18g for drawing medication (2)
  - Glucometer/Glucose Meter (1) and testing strips
  - Glucose – Oral Paste or Gel 25 Gram tube (1)
- 37) BLS – System required equipment in addition to items 1-35
- Baby Aspirin 81 mg blister pack of (4) tablets or (1) bottle
  - Albuterol/Ventolin 2.5 mg (2)
  - Atrovent/Ipratropium 0.5mg (2)
  - Nebulizer Kit (1)
  - Epinephrine 1mg/ml vial (1)
  - Glucometer/Glucose Meter (1) and testing strips
  - Glucose – Oral Paste or Gel 25 Gram tube (1)
  - Glucagon 1mg/ml vial (1)
  - Naloxone/Narcan 2mg/2ml syringe (2)
  - MAD/Mucosal Atomization Device (2)
  - Zofran/Ondansetron 4mg blister pack of (2) ODT tablets
  - Syringes: 3ml (3)
  - Filter needles: 18g for drawing medication (2)
  - Needles: minimum of 3 assorted sizes of 21g-23g for IM injections
- 38) ALS – System required equipment in addition to items 1-34
- Laryngoscope handle (1) with replacement batteries
  - Laryngoscope blades, straight and curved, with replacement light bulbs
  - Magill forceps, adult and child (1 each)
  - Endotracheal/nasotracheal tube(s) 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 8.0 (1 each size)
  - Endotracheal/nasotracheal tube(s) 6.0, 6.5, 7.0, 7.5, (2 each size)
  - End tidal CO2 detectors (adult and peds unless built into the BVM)
  - Angiocath 10g or ARS kit (1) for Chest Decompression or Needle Cric
  - Monitor/defibrillator, equipped with adult and pediatric defib pads or paddles (waiver)

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: ALTERNATE RESPONSE VEHICLE CONTINUED**

- King Airway sizes 3, 4, and 5 (optional) (1 each)
- CPAP and Quicktrach optional

## ALS Medications and IV Supplies

- 0.9 NaCl, Normal Saline, 1000cc bags (1)
- 0.9 NaCl, Normal Saline flush, 10cc pre-filled syringe (3)
- 0.9 NaCl, Normal Saline squirt, 3cc vial (1)
- Adenosine 6mg/2ml (3)
- Amiodarone 450mg (1)
- Atropine 1mg/10ml (3)
- Albuterol/Ventolin 2.5mg (2)
- Atrovent/Ipratropium 0.5mg (2)
- Nebulizer Kit (1)
- Baby Aspirin 81mg blister pack of (4) tablets or (1) bottle
- Calcium Gluconate 10% 1gram/10ml Vial (1)
- Dextrose 50% 25gm/50ml (1)
- Diphenhydramine/Benadryl 50mg/ml (1)
- Epinephrine 1mg/10ml (old packaging 1:10,000) (3)
- Epinephrine 1mg/ml (old packaging 1:1000) (2)
- Glucagon 1mg/ml (1)
- Glucose Paste (Oral Glucose Gel) – 20-25 gram tube (1)
- Naloxone/Narcan 2 mg (2)
- NTG/Nitroglycerin blister pack of (2) tablets or (1) bottle or (1) Nitrolingual Spray .4mg
- Tetracaine HCL .5% Eye Drops Tube (1)
- Zofran (Ondansetron) ODT 4 mg Tablet (1)
- Zofran (Ondansetron) IV 4mg/2ml Vial (1)
- CS: Fentanyl 100mcg/2ml vial (1) \*CS – Refer to Policy 300-37
- CS: Versed (Midazolam) 10mg (1) \* CS – Refer to Policy 300-37
- Syringes - 1ml, 5ml and 10ml (2 each)
- Needles: 18g (5) and a minimum of 5 assorted sizes of 21g-23g
- Filter needles (2)
- Alcohol Prep Pads (5)
- MAD/Mucosal Atomization Device (optional for ALS)
- IV tubing: 10gtt tubing (2) and Saline Lock (j-loop) (1)
- Angiocaths: 14g and 16g (1 each) and 18g, 20g and 22g (2 each)
- IV start kits (2) or separate tourniquets, alcohol pads, etc

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: ALTERNATE RESPONSE VEHICLE CONTINUED**

- IV) Registration of Non-Transport Provider Agencies: Each non-transport provider will complete and submit to IDPH either the EMS Non-Transport Provider Application or the EMS Non-Transport Application for an Existing Transport Provider, available only from the IDPH official website at <https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems.html>.
- V) Inspection of Non-Transport EMS Providers: IDPH will schedule initial inspections. Thereafter, non-transport ambulance assist providers shall perform annual self-inspections, using forms the Non-Transport Inspection form available at the above link. Upon completion of the self-inspection, forward the completed and signed form to the System for review, who will forward to IDPH for license renewal. IDPH will perform random inspections or as a result of a complaint.
- VI) Issuance and Renewal of License: Upon payment of the fee (when assigned), qualifying non-transport providers will be issued a provider license that lists a number for each level of care approved. Licenses will not be issued for individual Non-Transport Vehicles. Providers will inform the EMS System and IDPH of any modifications to the application, using the System Modification (sys-mod) forms. Licenses will be issued for one year and will be renewed upon receipt of self-inspections. Please note that your NT Provider number is your 4-digit Transport Provider number with the letters NT after it.

**EFFECTIVE DATE:** 08-15-10

**REVISED DATE:** 02-03-23