Ground Vehicle Standards Report October 2013 – December 2013

| NAME | DEFICIENCIES | ACTION TAKEN |
|-----------------------|------------------------------------------------------------------------------------|-------------------|
| Alabama Lifesaver 2 | Stethoscope, Seated Immobilization Device, O ₂ mask, BVM's, Burn Sheets | No Units Grounded |
| Alabama Lifesaver 4 | BP Cuff, C-Collars, Burn Sheets, CO ₂ | No Units Grounded |
| | Monitoring Equipment | |
| Missing Medication | No Oral Glucose Paste, No Haloperidol | |
| Alabaster Fire | Hemostatic Agents, O ₂ mask, Micro/Macro | No Units Grounded |
| Department | Drip Sets, Laryngoscope Blades | |
| Argo Fire & Rescue | Pulse Ox, Suction Catheters, OroPharyngeal | No Units Grounded |
| _ | Airways, Face Mask, Eye Protection, Micro/ | |
| | Macro Drip Sets, Patient Restraints, Chest | |
| | Seal, Patient Rain Cover, O ₂ mask, Chest | |
| | Needle Decompression Kit | |
| Arjenna Parabasic | Chest Seal, Pulse Ox, Splints, Pen Lights, | Unit Grounded x 1 |
| Transport | NasoPharyngeal Airway, Arterial Tourniquet, | |
| | Hemostatic Agents, O ₂ mask, OB Kit, Traction | |
| | Splint, Digital Blood Glucose Meter | |
| Attalla Fire & Rescue | Chest Seal, Long Spine Board, O ₂ mask, | No Units Grounded |
| | BVM, Suction Catheters, Magill Forceps, CO ₂ | |
| | Monitoring Equipment, IO Needles, | |
| | Laryngoscope Blades, Biohazard Waste Bags, | |
| | Patient Rain Cover, Burn Sheets, Bougie | |
| | Device | |
| Calera Fire & Rescue | Patient Rain Cover, O ₂ mask, Micro/Macro | No Units Grounded |
| | Drip Sets, Laryngoscope Blades, C-Collars, | |
| | Suction Catheters, Splints, Face Mask, Eye | |
| | Protection, Pedi Wheel or Tape | |
| Missing Medication | Calcium Chloride, Magnesium Sulfate | |
| Expired Medication | Normal Saline (02/2013) | |
| Center Point Fire & | Multi-Trauma Dressings, Long Spine Boards, | No Units Grounded |
| Rescue | O ₂ mask, Suction Catheters, Burn Sheets, CO ₂ | |
| | Monitoring Equipment, Micro/ Macro Drip | |
| | Sets, IV Pressure Infuser, ET Tubes, Bougie | |
| | Device, Patient Rain Cover, Long Board | |
| | Straps, BVMs, Laryngoscope Blades, Pen | |
| | Lights, NasoPharyngeal Airway, Hemostatic | |
| | Agents, Face Mask, Eye Protection, Traction | |
| | Splint Pedi Wheel or Tape, Arterial | |
| | Tourniquet, IV Catheters, CPAP | |

| Clanton Fire Department Expired Medication | B/P Cuff, Patient Rain Cover, Portable Oxygen Tanks, OroPharyngeal Airway., Arterial Tourniquet, CO ₂ Monitoring Equipment, IO Needles, Chest Needle Decompression Kit, Long Spine Board, Long Spine Board Straps, Traction Splint, Laryngoscope Blades, Hemostatic Agents, Patient Rain Cover, Face Mask, Eye Protection, 5 expired Lidocaine Bolus 11/1/13 Lidocaine Bolus x 5 (11/2013) | No Units Grounded |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Crossroads EMS | Hemostatic Agents, Bandage Shears, | Units Grounded x 3 |
| | Stethoscope, Pulse Ox, O ₂ Mask, BVMs, Pen Lights, Gloves, Biohazard Waste Bags, CO ₂ Monitoring Equipment, Laryngoscope Blades, Tires, Front and Rear Heat/AC, Siren & Horns | |
| Equipment Issues Helena Fire Department | Pulse Ox, Patient Rain Cover, Micro/Macro | No Units Grounded |
| Treicha i ne Department | Drip Sets, Multi-Trauma Dressings, O ₂ mask, Burn Sheets | 140 Ollits Glounded |
| Hoover Fire Department (Jefferson) | Hemostatic Agents, Chest Seal, BP Cuff, Patient Rain Cover, O ₂ Mask, BVM's, Suction Catheters, Magill Forceps, Biohazard Waste Bags, Micro/Macro Drip Sets, IO Needles, Long Spine Board, Long Spine Board Straps, Pulse Ox, Face Mask, Eye Protection, Pedi Wheel or Tape, Bougie Device, Chest Needle Decompression Kit, Arterial Tourniquet, Multi-Trauma Dressings, Traction Splint, Burn Sheets, NasoPharyngeal Airway, IV Pressure Infuser, Bougie Device, Portable Oxygen Tanks, IV Pressure Infuser | No Units Grounded |
| Hoover Fire Department (Shelby) | Hemostatic Agents, Chest Seal, Long Spine Board, Suction Catheters, Traction Splint, Magill Forceps, Micro/Macro Drip Sets, IV Pressure Infuser, Bougie, NasoPharyngeal Airway, O ₂ Mask, Pedi Wheel or Tape, Laryngoscope Handle Batteries, BVMs, Chest Needle Decompression Kit, Pulse Ox, CO ₂ Monitoring Equipment, Laryngoscope Blades, Patient Restraints | No Units Grounded |
| Missing Medication | Magnesium Sulfate | |
| Expired Medication | Oral Glucose Paste, Dopamine, Lasix x 2 (09/2013) | |
| Lafayette Fire & EMS | O ₂ mask, AED, Multi-Trauma Dressings, Pen Lights, Nebulizer | No Units Grounded |
| Missing Medication | Calcium Chloride | |

| Lifeguard Ambulance | Patient Rain Cover, IV Catheters Micro/Macro | No Units Grounded |
|--------------------------|-------------------------------------------------------|--------------------|
| (Jefferson) | Drip Sets, IV Pressure Infuser, Syringes, IO | |
| | Needles, O ₂ Mask, Magill Forceps, | |
| | Laryngoscope Blades, | |
| | Stethoscope, Pen Lights, Current Protocol | |
| | Book | |
| Lifeguard Ambulance | Patient Rain Cover, Pulse Ox, O ₂ Mask, | No Units Grounded |
| (Shelby) | Suction Catheters, CO ₂ Monitoring | |
| | Equipment, IO Needles, Laryngoscope Blades, | |
| Expired Medication | Haloperidol (09/2013) | |
| Montevallo Fire & | Hemostatic Agents, Patient Rain Cover, | No Units Grounded |
| Rescue Service | Suction Catheters, NasoPharyngeal Airway, IV | |
| | Pressure Infuser, IO Needles, Laryngoscope | |
| | Blades, Burn Sheets, Portable Suction, Magill | |
| | Forceps, O ₂ Mask | |
| New Site Vol Fire & | Hemostatic Agents, Magill Forceps, Triangular | No Units Grounded |
| Ambulance | Reflectors or Equivalent | |
| Missing Medication | Aspirin | |
| Newman's Ambulance | Multi-Trauma Dressings, Hemostatic Agents, | Units Grounded x 3 |
| Tie winding a minediance | Chest Seal , Pulse Ox, BVMs, Pen Lights, | |
| | NasoPharyngeal Airway, Magill Forceps, | |
| | Biohazard Waste Bags, Arterial Tourniquet, | |
| | Triangular Reflectors or Equivalent, Current | |
| | Protocol Book, Patient Rain Cover, Traction | |
| | Splints, Gloves, Patient Rain Cover, Face | |
| | Mask, Eye Protection, CO ₂ Monitoring | |
| | Equipment, IO Needles, Laryngoscope Handle | |
| | Batteries, Bougie Device, Pedi Wheel or Tape, | |
| | IV Pressure Infuser, Wave Form Capnography, | |
| | ET Tubes, BP Cuff, Suction Catheter, IV | |
| | | |
| | Catheters, Micro/Macro Drip Sets, Needles, | |
| | Patient Restraints, Stethoscope, Long Spine | |
| | Board, OroPharyngeal Airway, Burn Sheets, | |
| Missing Madigation | Digital Blood Glucose Meter | |
| Missing Medication | Haloperidol, Magnesium Sulfate | |
| Expired Medication | Aspirin (11/2013), Normal Saline x 5 | |
| | (09/2013), Dextrose 50 (01/2013), Epi 2 | |
| | (12/2013) | |
| Equipment Issues | Tires, Emergency Lights Not Working, Floor | |
| N. 4 D 11 ' EMC | Needs Repair, Lights & Siren | II.'. C. 1.1.2 |
| North Baldwin EMS | O ₂ Mask, Pen Lights, Magill Forceps, Pedi | Units Grounded x 2 |
| | Wheel or Tape, Hemostatic Agents, Pulse Ox, | |
| | CO ₂ Monitoring Equipment | |
| Expired Medication | Lidocaine Bolus x 3 (11/2013) | |
| Equipment Issues | Front and Rear Heat/AC | |

| North Shelby Fire Department | Hemostatic agents, Patient Rain Cover, BVMs, OroPharyngeal Airway, Magill Forceps, Arterial Tourniquet, IV Pressure Infusion, IO needles, Chest Seal, Suction Catheters, Burn Sheets, Bougie Device, Multi-trauma Dressings, O ₂ Mask, Pedi Wheel or Tape, Micro/Macro Drips Sets, Chest Needle Decompression Kit | No Units Grounded |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| RPS (Shelby) | Traction Splint, Long Spine Board, IO Needles, Hemostatic Agents, Pulse Ox, Splints | No Units Grounded |
| Rural Metro Ambulance (Jefferson) | Multi-Trauma Dressings, Hemostatic Agents, Chest Seal, Bandage Shears, Patient Rain Cover, Long Spine Boards, C-Collars, O ₂ Mask, Portable Suction Catheters, Pen Lights, OroPharyngeal Airway, Magill Forceps, Face Mask, Eye Protection, AED, Arterial Tourniquet, Sheets, Blankets, Pillows, ABC Fire Extinguisher, Patient Rain Cover, Long Spine Board Straps, BVMs, CO ₂ Monitoring Equipment, Micro/Macro Drip Sets, Laryngoscope Handle Batteries, Pedi Wheel or Tape, IO Needles, Wave Form Capnography, ET Tubes, Bougie Device, CPAP, Burn Sheets, IV Catheters, IV Pressure Infuser, Pulse Ox, Splints, Current Protocol Book, On-Board Oxygen Tank | Units Grounded x 6 |
| Expired Medication | Epinephrine 1:1000 x 2 (10/2013), Lidocaine Bolus (10/2013), Magnesium Sulfate x 12 (08/2013), Dopamine (08/2013), Oral Glucose Paste (06/2013) | |
| Equipment Issues | Heat/AC, Emergency Lights Not Working, Tires, Back-Up Lights Not Working, Load Lights Not Working | |
| Southeast Shelby County Rescue Missing Medication | Hemostatic Agents, Pulse Ox, O ₂ Mask, BP Cuffs, BVMs, Pen Lights, Magill Forceps, Arterial Tourniquet, CO ₂ Monitoring Equipment, Laryngoscope Blades, Portable Suction, Suction Catheter, NasoPharyngeal Airway, Pedi Wheel or Tape, Arterial Tourniquet, IO Needles, Chest Seal, IV Pressure Infuser, Bougie Device Oral Glucose Paste | No Units Grounded |
| Expired Medication Springville Fire & Rescue | Magnesium Sulfate (09/2013) Multi-Trauma Dressings, Hemostatic Agents, Splints, Arterial Tourniquet, Laryngoscope Blades, ET Tubes | No Units Grounded |

| West Chilton Fire | Hemostatic Agent, O ₂ Mask, BVMs, Suction | No Units Grounded | |
|-------------------|------------------------------------------------------|-------------------|--|
| Department | Catheters, Burn Sheets, NasoPharyngeal | | |
| | Airway, Face Mask, Eye Protection, Pedi | | |
| | Wheel or Tape, CO ₂ Monitoring Equipment, | | |
| | Laryngoscope Blades, ET Tubes, Chest Needle | | |
| | Decompression Kit | | |



Med Control Hospital:

Ventilation:

Inspector

OFFICE OF EMS AND TRAUMA PROVIDER INSPECTION FORM



Yes

ATMORE AMBULANCE, INC / LIC # 966

Date: October 09, 2013 Air Medical ALS: N

Inspector: Travis Wilson Transport: Transport

Outcome: Passed with Deficiencies Owner Type: For Profit - EMS

ALS/BLS: ALS1 Veh Inspect Only?: N

ATMORE COMMUNITY

Adequate

PROVIDER INSPECTION SUMMARY:

Biohazard waste is not being disposed of properly and the service is not following their Biohazard waste plan!! General poor condtions of facilities and vehicles.

DRUG SUMMARY: Drug Area Locked: No Space Allocation: Adequate Outdated Storage: Yes Unsecured Sanitation: Good ALS Inventory Log: Yes Area Secured: Temperature: Adequate ALS Log Secure: Secured Op Manual for Drugs: Yes

License Displayed: Yes Personnel Records Filed: Yes PCRs Properly Stored: Yes

ALS Inventory Secure:

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Yuphwil

Provider Representative

Biohazard Plan:

10/11/2013



OFFICE OF EMS AND TRAUMA PROVIDER INSPECTION FORM



ATMORE AMBULANCE, INC / LIC # 966

VEHICLE INSPECTION SUMMARY:

Vehicle M1: Failed

"Ambulance" F/R, Emergency Lights, Back-Up/Brake Lights, Tires, Dextrose 50% or 10% or both, Dopamine (equivalent to Intropin), Haloperidol

Expired Drugs: Lorazapam, D5W and D10W, Dopamine, No Haldol.

Rear Tires. Sanitation is Poor.

Vehicle M2: Passed with Deficiencies

"Ambulance" F/R, Emergency Lights, **Glucagon, Nitroglycerin, Thiamine, Diazepam (equivalent to Valium) or Lorazepam or both, Lidocaine HCL (equivalent to

Xylocaine) Premix

Expired Drugs: Glucagon 8/13, Nitro 7/13, Lidocain Premix 9/13

No Thiamine. Sanitation is Poor.

Vehicle M4: Mechanical

Vehicle M3: Failed Back-Up/Brake Lights, Tires, CO2 Monitoring Equipment (2)/Adult

Front tires, Light Bar on front. Sanitation is Poor.

I, the undersigned representative of the above referenced service, acknowledge receipt of a copy of this inspection form and understand that it is my responsibility to bring it to the immediate attention of the service owner or manager. I have been made aware of the noted deficiencies (if any exist) and understand that they must be corrected within ten days of the date of this report and that it is the responsibility of the service to notify the Office of EMS and Trauma, Standards and Enforcement Branch, in writing, of the date on which the deficiencies were corrected. I realize that the failure to promptly correct these deficiencies may subject the service and its authorized representatives to corrective action and penalties as set forth in Chapter 18, Section 22, 18-6, ct.seq., Code of Alabama, 1975, and the Office of EMS and Trauma Rules.

Shehhil

Harana Day

Inspector Provider Representative

10/11/2013 2/2