



**State of Vermont Ambulance Equipment Standards**  
**Emergency Medical Services Rules § 5.9 - 5.91**  
Revised March 1, 2003



**§ 5.9 Ambulances shall have as a minimum the following equipment. All equipment must be kept on board at all times.**

- 24 disaster tags (met-tags or district approved equivalents)
- Oral glucose
- 1 sterile saline (500 cc. container, must not be past expiration date)
- EMS HEAR Radio (meeting the requirements of § 2.423)
- A portable suction unit with wide bore tubing and a pharyngeal suction tip.
- A fixed oxygen system with M-size tank or equivalent and a variable flow regulator.
- 2 D-sized portable oxygen tanks or equivalent
- 1 variable flow regulator for the D-size tanks.
- Oxygen connector tubing, assorted adult and child size masks and nasal cannulas
- 1 adult bag valve mask unit capable of delivering greater than 90% oxygen, adult mask, and child mask.  
A pediatric bag mask unit with oxygen reservoir is optional.
- 2 adult, 2 child, 2 infant oral airways
- 1 traction splint - HARE, Thomas, or equivalent
- 2 short spineboards of wood or metal with 2 straps each, 9' minimum length, KEDs, Kansas Boards or similar devices.
- 2 long spineboards of wood or metal with 3 straps each, 9' min. length.  
A scoop stretcher, Miller body splint, or similar device may be used for one of the long spine-boards.
- 2 long arm splints. Cardboard, wood, pneumatic, etc. are acceptable.
- 2 long leg splints. Cardboard, wood, pneumatic, etc. are acceptable.
- Cervical collars. At least 1 large, 2 medium, and 1 small
- An adequate supply of bandaging materials to include:
  - large and small sterile dressings, 10" x 30" multi-trauma dressings or equivalent,
  - roller bandage 3" or larger width, triangular bandages, adhesive tape - 1" or larger width rolls,
  - occlusive dressings - foil, Vaseline gauze, or plastic film.
- 2 sterile burn sheets
- 1 obstetrical kit, prepackaged commercial unit or equivalent
- 1 Automated External Defibrillator (AED), or, for Paramedic licensed services, a manual defibrillator. This requirement must be met by July 1, 2003.
- 1 adult sphygmomanometer and stethoscope
- 1 pediatric sphygmomanometer
- 1 Trauma shears
- 1 Activated charcoal not past expiration date
- 2 flashlights (with 2 D size batteries or larger)
- 10 lb. ABC fire extinguisher or two 5 lb. units.
- 1 wheeled ambulance cot with sturdy vehicle fastening hardware, linen, pillows, blankets, and patient safety straps.

Unless the ambulance routinely responds with another agency which provides extrication assistance, the ambulance must also carry the following equipment or its equivalent:

- |  |  |
|--|--|
| - 2 pairs of leather gloves                                      | - 1 10" vice-grip pliers   |
| - 1 5 lb. hammer with 12" min. handle                            | - 1 24" wrecking bar   |
| - 2 hard hats with goggles or other helmets<br>with face shields | - 1 bolt cutter with 9/16" min. opening  |
| - 1 12" adjustable open ended wrench                             | - 2 7/16" (11 mm.) minimum diameter ropes, each at least<br>50" long. Static non-stretch type rope capable of<br>supporting at least 750 kg. |
| - 1 12" regular blade screwdriver                                | - 1 2-ton come-a-long with a 15' chain, grab hook and<br>running-hook.   |
| - 1 8" Phillips screwdriver                                      |  |
| - 1 12" hacksaw with assorted blades                             |  |

**§ 5.91 If a service is licensed at an advanced level, then it must have at least one ambulance vehicle equipped with the equipment and supplies necessary to deliver emergency medical treatment specified for that advanced level and as specified in protocols.**



# Vermont Department of Health Emergency Medical Services

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## Temporary Ambulance Vehicle License Application

In accordance with Vermont Emergency Medical Services Rules § 5.4 application is hereby made for an ambulance vehicle license by the undersigned:

SERVICE #	UNIT #	SERVICE NAME	EMC	VEH LVL	DMV REG	LAST INSP	MILEAGE	DATE	
VEHICLE TYPE		CHASSIS YR/MFG	AMB. YR/MFG		DMV INSP	VEHICLE IDENTIFICATION NUMBER			
I	II	III	OTHER						

The vehicle listed above is a **replacement or addition** to be placed in service on \_\_\_\_\_.  
If a **replacement**, please write the last 5 digits of the former VIN here \_\_\_\_\_.

The vehicle listed above is a **loaner**. Expected dates of operation are \_\_\_\_\_ to \_\_\_\_\_.

I certify that the above vehicle meets all requirements for licensure as outlined in Vermont Emergency Medical Services Rules § 5.4 and will be maintained in accordance with that section.

\_\_\_\_\_  
Head of Service (print)

\_\_\_\_\_  
Head of Service  
Signature

\_\_\_\_\_  
Date

### Temporary Ambulance Vehicle License Approval

**The above service has agreed to comply with the requirements set forth by Vermont Emergency Medical Services Rules and the Ambulance Act of 1984 (24 VSA § 2651 - 2688). This vehicle is licensed to operate as an ambulance by the above-named service until official inspection is performed or until the original, non-loaned ambulance is returned to service.**

\_\_\_\_\_  
VT EMS Staff Representative Signature

\_\_\_\_\_  
Date