September 14, 2012

TO: Board of Fire Commissioners

FROM: Brian L. Cummings, Fire Chief

SUBJECT: LOS ANGELES COUNTY, DEPARTMENT OF HEALTH SERVICES (DHS) - 2012 AIR AMBULANCE AUDIT RESULTS

For Information Only

Receive and file the attached letter from the Department in response to the Los Angeles County Emergency Medical Services (EMS) Agency, relative to the EMS Agency’s 2012 audit findings of the Department’s Air Operations Advanced Life Support Program. Each year they conduct an audit of the Department’s Air Operations Advanced Life Support Program. Participation in the audit is a requirement for all County providers in order to maintain paramedic air ambulance capability. This year’s audit was completed on April 24, 2012. Written audit results were provided to the Department on June 28, 2012 that included several action items. Identified action items have been addressed in the attached letter to the EMS Agency dated August 22, 2012.

On April 23-24, 2012, the EMS Agency conducted its annual audit that also included a supplemental consultation by an auditor from the Commission on Accreditation of Medical Transport Systems (CAMTS). Consistent with previous reviews, the EMS Agency auditor and CAMTS consultant were extremely thorough and provided the Department a final CAMTS rating score of 747 (830 points are possible). This numerical score was calculated by the CAMTS auditor and places the Department’s program at the "Exceeds" level based on nationally recognized CAMTS accreditation standards. During the audit, several action items for the Department were noted by the CAMTS consultant. All identified items have been corrected or have been addressed within the attached response letter.
Conclusion:

Following this year's audit an exit conference was held by the auditors for Department staff at the Air Operations Section. This meeting was attended by Cathy Chidester, EMS Agency Director and Dr William Koenig, MD, EMS Agency Medical Director. The auditors and EMS Agency officials expressed appreciation for the Department's commitment to the review process and indicated their impression of the Department's Air Operations Advanced Life Support Program as "Excellent."

Board report prepared by Gregory Reynar, Assistant Chief, Emergency Medical Services Division.

Attachment
August 22, 2012

Cathy Chidester, Director  
Emergency Medical Services Agency  
10100 Pioneer Blvd., Suite 200  
Santa Fe Springs, CA 90670

Dear Ms. Chidester:

On April 23 and 24, 2012, John Telmos, Prehospital Programs Manager conducted the 2012 program review of the Los Angeles Fire Department's (Cl) Air Operations Program. As you know, this year's review included a consultation by the Commission on Accreditation of Medical Transport Systems (CAMTS). The purpose of the CAMTS consultation was to evaluate our Department's utilization of nationally recognized aero medical standards and guidelines.

In response to your letter dated June 21, 2012 to the Los Angeles Fire Department, the following response is a description of actions and measures that have been completed, or are being taken, to address the results of the program review and CAMTS consultation.

<table>
<thead>
<tr>
<th>CAMTS AREA OF EVALUATION</th>
<th>ITEM OF CONCERN</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.09.00 Physical Well-Being</td>
<td>Not all crew members have reflective material on uniforms for night operations</td>
<td>Provide validation that all crew members have reflective material on their uniforms</td>
</tr>
</tbody>
</table>

Department's Response:

Two actions have been completed to fulfill this item of concern:

1) Aircrew Paramedics have had 1-1/2" silver reflective tape sewn on the wrist and ankle areas of their flight suits.

2) A policy was implemented that directs all aircrew members to follow the established Department policy regarding use of the DOT approved High Visibility Vests during any incident that involves the use of a highway as the landing zone (see attachment #1).
Emergency Medical Services Agency  
August 22, 2012  
Page 2

<table>
<thead>
<tr>
<th>CAMTS AREA OF EVALUATION</th>
<th>ITEM OF CONCERN</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.02.05 Clinical Care Supervisor</td>
<td>Neither the Nurse Educator nor the Captain have attended formalized training in Human Factors, Crew Resource Management, Aviation Sleep Deprivation or Error Management</td>
<td>Provide documentation that formalized education has been completed</td>
</tr>
</tbody>
</table>

**Department’s Response:**

The Air Operations Section Captain has attended formalized training in Safety Management Systems, Human Factors and Crew Resource Management (see attachment #2).

The Department’s Aeromedical Clinical Care Coordinator (ACCC) provides EMS training, education and quality improvement. She has received informal training on Aircraft Safety, Safety Management Systems, Crew Resource Management and Human Factors during the Air Operations Section Safety Meetings. Additionally, formal training is planned during the upcoming 2012 LAFD Aero-Medical Conference.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>02.03.00 Program Manager</td>
<td>Currently, only one station Captain has 24/7 accountability and oversight of the program</td>
<td>Consider increasing the number of Captains or incorporating this into the duties of Station 90 Captain</td>
</tr>
</tbody>
</table>

**Department’s Response:**

Although the concept of having additional personnel assigned to provide 24/7 supervision at the Air Operations Section might prove beneficial, in these fiscal times, it is just not feasible. The current command structure of the Air Operations Section provides a Battalion Chief, Captain II and a Command Pilot (Pilot IV) each working a 40 hour work week during business hours for administrative and operational oversight. These supervisors remain available after hours on an on-call basis as needs arise. This supervisory structure has proven both safe for our personnel and patients and cost effective for the citizens of Los Angeles. Additionally, during non-business hours and weekends aviation operational oversight and Section supervision rests with the platoon’s on-duty Lead Pilot (Pilot IV).

Note: The CAMTS consultation deemed the Section’s Captain II as the Program Manager. During business hours there are actually 4 supervisors on duty and during non-business hours there is a minimum of 1 supervisor on duty at all times.

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</tr>
</thead>
<tbody>
<tr>
<td>02.04.01 Continuing Education, Didactic</td>
<td>Continuing education does not include the Just Culture, Threat and Error Management modules</td>
<td>Provide validation that these topics are included in the educational process</td>
</tr>
</tbody>
</table>

**Department’s Response:**

The Air Operations Section has been providing training and education during the implementation of a sound Safety Management System, which includes Just Culture, Crew Resource Management and Threat and Error Management. Air Operations has begun documenting this specific type of training. Additionally, contract professional instructors are being identified to provide instruction to all pilots and crew members on a continuing basis.
## Department's Response:

The Department’s In-Service Training Section is in possession of Human Patient Simulators (HPS) and has developed a program for its use. The In-Service Training Section and Air Operations will continue to work in unison on implementing the use of HPS scenarios as a component of our ongoing training programs. Due to the cost of the HPS it will continue to be the Department’s practice to keep the HPS in a sterile location and create the environment of a helicopter around the HPS.

### Department's Response:

In March of 2012, CI entered into a contract with Argus, a private vendor whose products will enhance our Department’s SMS. Included in this contract is the development of a new Post-Accident Incident Plan (PAIP). The projected delivery and implementation date for the new PAIP is scheduled to be complete within the next 90 days.

### Department's Response:

The Air Operations Section has developed plasticized check sheets that are compliant with Reference 706 for each medical equipment bag per aircraft. Once the daily check sheets are completed the Daily Aircraft Checklist is completed and submitted to the Lead Pilot (Pilot IV) for review and documentation into the Daily Journal (F-2) (see attachment # 3).

### Department's Response:

#### CAMTS AREA OF EVALUATION

<table>
<thead>
<tr>
<th>Item of Concern</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPS simulators are not provided in the aircraft environment</td>
<td>Explore the possibility of conducting HPS scenarios in the aircraft</td>
</tr>
<tr>
<td>The PAIP was outdated</td>
<td>Provide validation that the PAIP has been updated annually or as needed</td>
</tr>
<tr>
<td>Lack of accountability and documentation of medical equipment/supplies</td>
<td>Utilize Ref. No. 706, Aircraft Inventory, as a starting point to develop daily/weekly and monthly equipment and supplies check off sheets. Check off sheets should be maintained in a binder and be validated by the Captain</td>
</tr>
<tr>
<td>SMS implementation is immature</td>
<td>Provide documentation that demonstrates continued growth throughout the organization</td>
</tr>
</tbody>
</table>
Department’s Response:

The Department is in full support of a Safety Management System for flight operations and will continue its growth and development. Existing Just Culture, Incident Reporting, Risk Analysis, Change Management and Safety policies are constantly being improved as our education and experience increases in these fields.

To date the following measures have been taken:
- The Bureau Commander, Section Commander and Captain that oversee Air Operations have attended “SMS for Managers” Training.
- The Command Pilot has taken all of the courses related to implementing SMS.
- The pilot that serves as Safety Officer is in process of obtaining the core courses.

With the newly contracted company (Argus) the following products and services will be provided:
- On-line Reporting
- Trending
- On-line Risk Analysis
- Threat and Error Management

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</tr>
</thead>
<tbody>
<tr>
<td>05.09.00 Maintenance</td>
<td>The Maintenance shop does not have a tool control policy</td>
<td>Develop a policy with an accompanying standardized check list</td>
</tr>
</tbody>
</table>

Department’s Response:

The Fire Department’s helicopters are maintained by the City’s General Services Department (GSD), Fleet Services Section. GSD is an approved FAA Part 145 Repair Station and is in compliance with all Federal Aviation Regulations and all of their maintenance practices are completed to FAA standards. The CAMTS Standards recommend a more structured tool accountability program. This issue has been discussed with the Director of Maintenance at GSD and he is in agreement with the concept of an improved program. However, he has informed the Department it would require labor hours, additional funding and approval from his supervisors. The Fire Department will continue to work with the GSD’s Director of Maintenance to resolve this issue.

If you should need further assistance or have questions regarding CI’s 2012 Air Operations Program Review please contact Assistant Chief Reynar of the EMS Division at (213) 978-3501.

I look forward to continuing our collegial working relationship in the provision of pre-hospital care for all patients served by the LAFD.

Sincerely,

BRIAN L. CUMMINGS
Fire Chief
Bulletin No. 09-03

January 28, 2009

TO: All Uniformed Members
FROM: Emile W. Mack, Deputy Chief, Operations
SUBJECT: HIGH-VISIBILITY VESTS

Injuries and fatalities continue to occur to workers on roads and highways. Although recent statistics reflect a slowing of the increase, the reversal of this trend remains a focus for regulatory agencies and employers.

On November 24, 2008, a new federal regulation (23 Code of Federal Regulations Part 634) went into effect mandating that anyone working on foot within the right-of-way of a federal-aid highway, freeway, or public way must wear a high-visibility vest (HVV). This apparel is intended to provide high visibility during both daytime and nighttime usage, and meets the performance Class 2 or 3 requirements of the ANSI/SEA 107-2004 publication.

Wearing an HVV

The HVV may be worn anytime a member feels it necessary to do so. However, the safety vest shall be worn, prior to exiting the apparatus, anytime a member is actively working on traffic/highway/roadway incidents:

- Directing traffic around an accident scene or fire incident
- Aiding a stranded motorist
- Attending to injured and/or ill patients in vehicles directly adjacent to moving traffic (i.e., EMS incidents)
- Performing functions at a traffic diversion (i.e., blocking traffic with heavy apparatus).
Exceptions

Fire Department members are often faced with competing hazards on roadway incidents. The safety vest shall not be worn during:

- Fire suppression activities
- Physical rescue/extrication
- Hazardous materials mitigation measures
- Activities in Immediately Dangerous to Life and Health environments (IDLH)
- Incidents that require immediate action from responding personnel to effect life-saving measures
- Or any incident that by wearing the vest, places the firefighter at a personal risk level greater than the potential risk of exposure to traffic conditions.

Firefighters involved in any of the above suppression/rescue activities shall not wear the HVV; however, when their work is downscaling or complete, they shall immediately don the vest while actively working on the roadway or highway.

An HVV shall be worn in a fashion that allows it to be seen by oncoming traffic. The vest can be worn over the firefighting turnout coat, brush jacket, or work uniform shirt. Personnel who are on-scene and are not directly exposed to fire, flame, excessive heat, hazardous materials or other competing hazards are expected to wear the HVV. (i.e., pump operators, support personnel, command officers etc.).

Composition of the Vest

The HVV is made of 100% polyester material with five-point breakaway design to minimize the risk of becoming entangled in equipment and allowing for greater mobility in critical situations. The tear-away features are located on the front-side of both shoulders, two at the waist area and the front torso area. The HVV features 2" silver reflective material background. When not in use, the vest folds into a convenient storage pouch that is attached to the inside of the garment and shall be stored in the cab area of a light vehicle or heavy apparatus.

Cleaning and Maintenance

The vest may be washed in warm water and line dried only. The maximum wash cycles for this garment are 25. DO NOT USE BLEACH. DO NOT DRY CLEAN OR IRON.
Repairs

If damaged, defaced, faded, or torn, or if it is not visible at 1,000 feet, the HVV shall be sent to the Supply and Maintenance Division for replacement. An HVV that is worn on a daily basis has a service life expectancy of approximately six months, although vests that are not worn on a daily basis may have a useful service life of three years.

Identification

The HVVs will be pre-identified per position and assigned to light and heavy apparatus by the Supply and Maintenance Division prior to distribution.

Conclusion

The primary goal of the federal rule is to decrease the potential of a firefighter being struck by vehicles. High visibility is one of the most prominent needs for firefighters who must perform their tasks near moving vehicles or equipment. Firefighters responding to incidents devote their attention to completing their assigned tasks and may not focus on the hazardous surroundings in which they are working. The earlier a firefighter, in or near the path of travel, is seen; the more time a driver has to avoid an accident.

Station Commanders shall conduct training for all members on these procedures and document the training in the journal (F-2) and making an F-393 entry.

EMILE W. MACK, Deputy Chief
Commander, Operations

EWM:RiskMntg:09-03
Certificate of Completion

Paul J. Egizi

This is to certify that Paul J. Egizi has successfully completed the Human Factors Analysis and Classification System 2-Day Training Course and Super-User Program awarded this 21st day of June, 2012.

Attachment #2
CERTIFICATE OF COMPLETION

This certifies that

Paul Egizi

Successfully Completed

A-310 Overview of Crew Resource Management

October 26, 2011
Webinar
Instructor: Brad Koeckeritz

U.S. Forest Service
U.S. Department of Agriculture

NBC Aviation Management
U.S. Department of the Interior
CERTIFICATE OF COMPLETION

This certifies that

Paul Egizi

Successfully Completed

(Equivalent for A-310)

November 17, 2011
Webinar
Instructor: Tony Kern

NBC Aviation Management
U.S. Department of the Interior

U.S. Forest Service
U.S. Department of Agriculture
CERTIFICATE OF COMPLETION

This certifies that

Paul Egizi

Successfully Completed

A-303 Human Factors in Aviation (M3)

July 13, 2011

Online IAT Course

U.S. Forest Service
U.S. Department of Agriculture

NBC Aviation Management
U.S. Department of the Interior
CERTIFICATE OF COMPLETION

This certifies that

Paul Egizi

Successfully Completed

A-205 Risk Management I (M3)

July 13, 2011

Online IAT Course

NBC Aviation Management
U.S. Department of the Interior

U.S. Forest Service
U.S. Department of Agriculture
CERTIFICATE OF COMPLETION

This certifies that

Paul Egizi

Successfully Completed

A-305 Risk Management II (M3)

Online IAT Course

July 13, 2011

U.S. Forest Service
U.S. Department of Agriculture

NBC Aviation Management
U.S. Department of the Interior
University of Southern California

Paul J. Egizi

SAFETY MANAGEMENT SYSTEMS FOR MANAGERS COURSE

22 November 2011

Thomas R. Asia
Director, Aviation Safety and Security

Yoshifumi (Jim) Uchida
Dean, Viterbi School of Engineering
AIR AMBULANCE MEDICAL PRE-FLIGHT

DATE_________  HELICOPTER________  PARAMEDIC________

TAIL BOOM
- KED
- HARE TRACTION
- SPLINTS
- PED BACKBOARD
- BODY BAG
- OB/BURN/PPE INV. COMPLETE (ORANGE BAG)
- BIO HAZARD CLEAN UP KIT (GREEN BAG)

RIGHT DOOR
- WINDOWS CLEAN
- HOOK SWIVELS FREELY
- DOOR STOP SECURE
- HOIST MOUNT SECURE

RIGHT CABIN
- HOIST BAG INVENTORY COMPLETE
- HEADS BOTTLES FULL / FLOATATION
- PASSENGERS & PEDS HEAD SET
- WIRE CUTTER CHECKED AND SECURE
- SAFETY STRAPS SECURE/ CARIBINER LOCKED
- 2 LITTER BASKET STRAPS AND 4 RINGS (412)
- HOIST PENDENT PLUGGED IN AND SECURE
- ICS CORDS
- HOIST GRAB STRAP
- ORCA STRAP SECURE

LEFT DOOR
- WINDOWS CLEAN
- DOOR STOP SECURE

LEFT CABIN
- FIRE EXTINGUISHER SECURE/DATE
- LIFE RAFT SECURE/DATE
- DOWN BAG INVENTORY COMPLETE
- SMALL O2 > PSI IN GREEN
- BACK UP BAG INVENTORY COMPLETE
- INSPECT BRIDLE AND ATTACHMENTS (412)
- 2 RESCUE TRIANGLE BAGS/INVENTORY
- GROUNDING CABLE/WEIGHT BAG
- MILLER BOARD SECURED TO BASKET (412)
- TAG LINE BAG INVENTORY COMPLETE
- SNAP SHACKLE SECURE (412)
- GUNNERS BELT

MAIN CABIN
- AIRWAY BAG INVENTORY COMPLETE
- AIR SPLINT BAG INVENTORY COMPLETE
- ICS CORDS
- LARGE O2 TANK IN "GREEN"
- ADULT/PEDS O2 MASK/ADULT CANNULA
- LTV-1200 & INFUSION PUMP CHECKED/TESTED
- VHF RADIO/PIGTAIL AND EXTRA BATTERY
- 800 MHZ / VHF SPLITTER
- CABIN FLOOR CLEAN
- LP15 DAILY TEST AND INVENTORY
- MED DECKS SECURE/OPERATIONAL CHECK
- eCPR SIGN IN / CLIPBOARD INV. CHECKED
- EZ-IO CHECKED AND COMPLETE X 2
- PEDI-MATE CHECKED/ADJUSTED
- IV CARABINER IN OVERHEAD

DISCREPANCIES

RESOLUTION

Attachment #3
DOWN BAG INVENTORY

UPPER TOP COMPARTMENT

OP AIRWAYS

QTY 6
LARGE
MEDIUM
SMALL
CHILD
INFANT
NEONATE

COMBITUBES

1 ADULT
1 SMALL ADULT
1 ARM BOARD

1 NEBULIZER with 5.0mg ALBUTEROL
1 NEBULIZE MASK
1 SMALL 02 BOTTLE with ADULT MASK

NP AIRWAYS

QTY 5
20fr 24fr 28fr
22fr 26fr

INSIDE TOP

1 TRAUMA DRESSING
1 IV STARTER KIT with
2 14G x 3.25 inch (chest)
4 16G
4 18G
4 20G
4 22G
4 SALINE LOCKS
2 1cc SYRINGE

2 ROLLS 1 inch TRANSPORTE TAPE
2 TOURNIQUETS
4 4X4 GAUZE
4 TEGADERM DRESSINGS
4 10cc NS preloads
2 SALINE LOCK ADAPTERS
10 ALCOHOL PADS
1 SHARPS SHUTTLE
2 3cc SYRINGE

TRAUMA POUCH

1 TRAUMA SHEARS
2 KERLIX
1 2 inch TAPE
2 BIOHAZARD BAGS
1 PEN LIGHT
1 TOURNIQUET

2 TRIANGULAR BANDAGES
4 4X4 GAUZE
3 ABDOMINAL PADS
3 3X9 VASELINE GAUZE
1 ROLL 1 inch TRANSPORTE TAPE
1 GLUCOMETR / 5 LANCETS

LOWER TOP COMPARTMENT

MED POUCH

ASA 81mg/bottle
1 BENADRYL 50mg
2 ATROPINE 1ml/1cc
1 EPI 1:1000
1 18g FILTER NEEDLE

NITRO SPRAY
2 EPI 1:10,000
1 ADENOSINE 6mg
2 AMIODARONE 150MG

1 NARCAN 2mg.
1 GLUCOSE PASTE
1 D50 25g/50ml
8mg ZOFRAN IV

1 ATROPINE 1mg/10cc
8mg ZOFRAN PO

IV BAG

1 1000cc/15gtts drip set

VITALS POUCH

1 STETHOSCOPE

Sphygmomanometers

1 ADULT
1 CHILD
1 INFANT
1 GLUCOMETER

ET POUCH

ET TUBES
6.0 7.5
1 ADULT AMBU BAG with

ET POUCH

HANDLE, LARGE
BLADES
MILLER # 3
MAC #4
1 ET HOLDER

IV-VAC with CATHETER

BOTTOM COMPARTMENT

1 ADULT C-COLLAR
1 Peds C-COLLAR

Attachment #3
### BACK UP BAG INVENTORY

#### MAIN COMPARTMENT

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ET ROLL</strong></td>
<td></td>
</tr>
<tr>
<td>ET TUBES</td>
<td></td>
</tr>
<tr>
<td>6.0 (2)6.5 (2)7.0</td>
<td></td>
</tr>
<tr>
<td>7.5 (2)8.0</td>
<td></td>
</tr>
<tr>
<td>HANDLE, SMALL BLADES</td>
<td></td>
</tr>
<tr>
<td>MILLER-0,1,2,3</td>
<td></td>
</tr>
<tr>
<td>MAC-2, 3, 4</td>
<td></td>
</tr>
<tr>
<td><strong>1 60cc SYRINGE</strong></td>
<td></td>
</tr>
<tr>
<td>1 12cc SYRINGE</td>
<td></td>
</tr>
<tr>
<td>MAGILLS</td>
<td></td>
</tr>
<tr>
<td>Adult, Ped</td>
<td></td>
</tr>
<tr>
<td>2 FACE SHIELDS</td>
<td></td>
</tr>
<tr>
<td>1 ET HOLDER</td>
<td></td>
</tr>
</tbody>
</table>

#### LEFT OUTSIDE

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KING LTS-D</strong></td>
<td></td>
</tr>
<tr>
<td>SMALL ADULT (Size 3)</td>
<td></td>
</tr>
<tr>
<td>LARGE ADULT (Size 5)</td>
<td></td>
</tr>
<tr>
<td>1 10x30 DRESSING</td>
<td></td>
</tr>
<tr>
<td>2 ABDOMINAL DRESSING</td>
<td></td>
</tr>
<tr>
<td>3 KERLIX</td>
<td></td>
</tr>
<tr>
<td>2 PAIR, STERILE CLOVES</td>
<td></td>
</tr>
</tbody>
</table>

#### NORMAL SALINE

<table>
<thead>
<tr>
<th>Fluid</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 1000cc</td>
<td></td>
</tr>
<tr>
<td>1 500cc</td>
<td></td>
</tr>
<tr>
<td>3 15gtts set</td>
<td></td>
</tr>
<tr>
<td>1 60mggtts set</td>
<td></td>
</tr>
<tr>
<td>1 SODIUM BI-CARB 50mEq</td>
<td></td>
</tr>
<tr>
<td>1 D50 25gr/50ml</td>
<td></td>
</tr>
<tr>
<td>1 NARCAN 2mg</td>
<td></td>
</tr>
<tr>
<td>2 CALCIUM CHL. 13.6 mEq</td>
<td></td>
</tr>
<tr>
<td>4 EPI 1:10000</td>
<td></td>
</tr>
<tr>
<td>2 ADENOSINE 6mg</td>
<td></td>
</tr>
<tr>
<td>4 AMIODARONE 150MG</td>
<td></td>
</tr>
<tr>
<td>3 ATROPINE 1mg/10ml</td>
<td></td>
</tr>
</tbody>
</table>

#### RIGHT COMPARTMENT

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 GLUCOSE PASTE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1 POUCH GLOVES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1 EPI 1:1000</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1 DOPAMINE 400mg/5ml</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2 ATROPINE 1mg/1ml</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1 BENADRYL 50mg</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1 GLUCAGON 1 mg</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1 STETHOSCOPE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1 ADULT BP CUFF</strong></td>
<td></td>
</tr>
<tr>
<td>1 NEBULIZER/15.0mg ALB + 5 EPI 1:1000/FILTERED NEEDLE</td>
<td></td>
</tr>
<tr>
<td>10 TRIAGE TAGS</td>
<td></td>
</tr>
<tr>
<td>2 ICE PACKS</td>
<td></td>
</tr>
<tr>
<td>1 SHARPS CONTAINER</td>
<td></td>
</tr>
<tr>
<td>8mg ZOFRAN IV</td>
<td></td>
</tr>
<tr>
<td>8mg ZOFRAN PO</td>
<td></td>
</tr>
<tr>
<td>1 Trauma Sheers</td>
<td></td>
</tr>
<tr>
<td>1 Pen Light</td>
<td></td>
</tr>
<tr>
<td>1 THIGH BP CUFF (ADULT)</td>
<td></td>
</tr>
</tbody>
</table>

#### 1 IV STARTER KIT

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2 ROLLS 1 inch TRANSPORE TAPE</strong></td>
<td></td>
</tr>
<tr>
<td>2 12cc SYRINGE</td>
<td></td>
</tr>
<tr>
<td>2 14G X 2 inch (chest)</td>
<td></td>
</tr>
<tr>
<td>3 16G</td>
<td></td>
</tr>
<tr>
<td>3 18G</td>
<td></td>
</tr>
<tr>
<td>3 20G</td>
<td></td>
</tr>
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**Attachment #3**