



**Date:** April 22, 2026 **System Memo: #443**

**To:** All NCH EMS System members and participants

**From:** Vasiliou (Bill) Toliopoulos, BSN, RN, PHRN, EMS Administrative Director  
Kourtney Chesney BSN, RN, PM, EMS System Coordinator & Education Program Director

**RE:** **SOP and Procedure Updates**

### Background

On behalf of Dr. Jordan, modifications have been made to update our Abuse SOP in order to align with recent changes to Human Trafficking guidance. Another update includes changes made to the Surgical Cricothyrotomy, DAI, and Restraint procedures. We have included an updated Drug & Supply list for Ambulance and NT, to reflect recent updates to the system.

### Update

- An update to the “texting” information related to resources for the human trafficking hotline has been changed from texting “BEFREE” to “HELP” or “INFO”.

(U) Fire/EMS personnel are encouraged to report suspected human trafficking in Illinois immediately by calling the National Human Trafficking Hotline at 1-888-373-7888, texting "HELP" or "INFO" to 233733, or chatting online at [humantraffickinghotline.org](http://humantraffickinghotline.org).<sup>8</sup>

- An update to the Surgical Cricothyrotomy Procedure, which modifies the contraindications criteria. **The need for contacting OLMC for ages 8-12 has been removed** and the equipment list has been modified to **include Commercial Cric Kits**. This change is based on EBP and to minimize critical decision-making time when having to implement a low frequency, high acuity procedure.

**\* Verbalize contraindications for procedure:**

- Children < 8; **need OLMC order for ages 8-12**
- Pts with known bleeding disorders and/or anticoagulant therapy
- Inability to identify landmarks; laryngeal ~~Ex~~ or trauma causing distortion or obliteration of landmarks

**\*Concurrently: Prepare equipment – Have everything ready before beginning procedure**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> #11 scalpel                       | <input type="checkbox"/> CHG/IPA prep                         | <input type="checkbox"/> Clamp/spreader             | <input type="checkbox"/> Stethoscope                        |
| <input type="checkbox"/> Tracheal hook (opt.)              | <input type="checkbox"/> ETT 4.0-6.0                          | <input type="checkbox"/> Gauze pads 4X4             | <input type="checkbox"/> Full BSI                           |
| <input type="checkbox"/> Tube holder                       | <input type="checkbox"/> 10 mL syringe                        | <input type="checkbox"/> Bougie                     | <input type="checkbox"/> <b>Commercial Cric. Kit (opt.)</b> |
| <input type="checkbox"/> Water-soluble lubricant           | <input type="checkbox"/> Capnography                          | <input type="checkbox"/> BVM; O <sub>2</sub> source |   |
| <input type="checkbox"/> SpO <sub>2</sub> and ECG monitors | <input type="checkbox"/> Suction equipment; turn on to ✓ unit | <input type="checkbox"/> Sharps container           |   |

- An update to the **DAI** procedure to remove King Vision and replace with ProVu with a fillable pdf version.
- An update to the **Restraints** procedure to include opt. Spit Hood criteria.
- An updated **Drug & Supplies List** for Ambulances and NT (**changes are highlighted**)

### Recommendations

- Please ensure all personnel review this announcement.
- This will be available on the **EMS System Website** <https://www.nwcmss.org/>.

**Thank you for your partnership in keeping our patients, communities, and each other safe.**

# Adult ABUSE | Neglect | Maltreatment | Trafficking

## Persons protected by the Illinois Domestic Violence Act of 1986 include:

- Person abused by a family or household member
- High-risk adult w/ disabilities who is abused, neglected, or exploited by a family or household member
- Minor child or dependent adult in the care of such person
- Person residing/employed at a private home/ public shelter which is sheltering an abused family or household member

**"Abuse" and "Domestic violence":** Physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation but does not include reasonable direction of a minor child by a parent or person in loco parentis.

**"Physical abuse"** includes sexual abuse and means any of the following: (i) knowing or reckless use of physical force, confinement or restraint; (ii) knowing, repeated and unnecessary sleep deprivation; or (iii) knowing or reckless conduct which creates an immediate risk of physical harm.

**"Harassment"** means knowing conduct which is not necessary to accomplish a purpose that is reasonable under the circumstances; would cause a reasonable person emotional distress; and does cause emotional distress to the petitioner.

**Human trafficking:** "Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery." [U.S.C. § 7102(8)]

EMS shall provide immediate assistance and support for victims and witnesses of domestic or personal violence. Dispatchers should use discretion prior to canceling a call for service if made by a person other than the original caller.

## If any form of abuse, maltreatment, harassment, intimidation, trafficking, or willful deprivation are suspected:

1. **Assure scene safety.** If offender is present; weapons are involved; the offender is under the influence of drugs and/or alcohol; and/or there are children present: call for law enforcement backup
2. **IMC special considerations:**
  - Observe for the universal **Signal for Help:** Alerts others that a person feels threatened and needs help  
Person holds one hand with the thumb tucked into the palm and folds the four fingers over the thumb, symbolically trapping the thumb by the rest of the fingers
  - Provide psychological support | Treat obvious injuries per appropriate SOP
  - Discourage patients from changing clothes, urinating, or washing away signs of abuse or violence
  - Cooperate with LEO to use all reasonable means to prevent further abuse or neglect
3. Illinois law requires EMS to give suspected adult abuse victims **information on services** available if safe to do so
  - Inform them that they do not have to tolerate abusive behavior or trafficking
  - They + family members have the right to be protected from abuse and to press criminal charges against offenders
  - Assure pt that the abuse or trafficking is not their fault; encourage them to seek medical attention
1. EMS personnel are not mandatory reporters of adult abuse | Report suspicions to the receiving facility  
Document scene factors, S&S, and statements made by pt/bystanders that support suspicions of abuse/violence

**[National Domestic Violence Hotline](https://www.nvhw.org/)** - Call or text "START" to **1-800-799-7233**

**National Sexual Assault Hotline** at 1-800-656-HOPE (4673)

**The Polaris Project** (human trafficking information): <https://polarisproject.org/> |

**National Human Trafficking Resource Center** (great info): <https://humantraffickinghotline.org>, 1-888-373-7888,  
Text "HELP" or INFO" to 233733

## Eligible adults under Adult Protective Services Act

- **"Abuse"** means causing any physical, mental or sexual injury to an eligible adult, including exploitation of such adult's financial resources, and abandonment.
- **"Eligible adult"** means either an **adult with disabilities aged 18 -59** or a **person aged 60 or older** who resides in a domestic living situation and is, or is alleged to be, abused, abandoned, neglected, or financially exploited by another individual or who neglects himself or herself.

**EMS personnel are mandatory reporters of suspected elder abuse.** Mandatory reporting requirements only apply when the reporter believes that the adult is not capable of reporting the abuse, neglect, or financial exploitation themselves.

**Adult Protective Services Hotline: 1-866-800-1409**

For residents of nursing facilities - **IDPH Nursing Home Complaint Hotline: 1-800-252-4343**

Supportive Living Facilities - **IL Dept. of Healthcare and Family Services' SLF Hotline: 1-800-226-0768**

# NORTHWEST COMMUNITY EMS SYSTEM

## Ambulance – Drug & Supply/Equipment List

Last revised: 04-22-26 Rev.

- KEY:** ALS Required on all ALS vehicles unless specified otherwise. All other items are required on BLS and ALS vehicles.
- \* Drugs identified by an asterisk (\*) are controlled substances and must be stored and accounted for per system policy.
- \*\* System hospitals must replace all drugs, supplies, and equipment items **EXCEPT** those items indicated by a double asterisk (\*\*). These items must be purchased and/or maintained by the EMS provider agency.
- IL required by IDPH administrative code section 515.830

- EMS agencies shall assign appropriate personnel to inventory ambulances **daily** at shift change to ensure complete par levels, intact packaging, current dates, and good working order. All controlled substances must be viewed and counted daily per policy.
- The EMS MD or designees will do random unannounced ambulance inspections to measure compliance with these standards.
- All EMS products exchanged at hospitals must be **LATEX- FREE**. All non-exchange items must be latex-free unless a waiver has been granted and a latex-containing kit is maintained. Contain latex: Do NOT use without covering equipment or patient: BP cuffs, stethoscopes, Nellcor pulse oximeter.

KEY	Min.	ITEM				PACKAGING
<b>MEDICATIONS (Keep packaged in the original containers, to facilitate correct identification)</b>						
BLS & ALS	6 tabs or 1 bottle	Acetaminophen or liquid equivalent				160 mg chewable tablets or liquid
ALS	1 opt	Acetaminophen inj. For IV infusion				1000 mg / 100 mL (vials or premix bags)
ALS	3	Adenosine				6 mg / 2 mL
BLS & ALS	3	Albuterol				2.5 mg / 3 mL (0.083%)
ALS	3	Amiodarone				150 mg / 3 mL amp
BLS & ALS	4 tabs	ASA chewable				81 mg / tablet
ALS	6	Atropine sulfate				1 mg / 10 mL preload
ALS	1	Diphenhydramine for IVP				50 mg / 1 mL
BLS & ALS	2 tabs	Diphenhydramine for PO route				50 mg tablets
BLS & ALS	OPT	Calcium gluconate 2.5% (Calgonate) gel				25 Gm tube
ALS	2	Dextrose 10% (D10W) or approved alternate				25 Gm / 250 mL
ALS	10	Epinephrine 1 mg/10 mL or approved alternate				1 mg / 10 mL preload
BLS & ALS	4	Epinephrine 1 mg/1 mL				1 mg / 1 mL
ALS	40 mg	Etomidate				40 mg / 20 mL or 20 mg/10 mL
ALS	300 mcg*	Fentanyl	*CS In LOCKED CONTAINER	YES	NO	100 mcg / 2 mL or 50 mcg/1 mL
	(2)*	OR Morphine 10 mg (if fentanyl unavailable)				
BLS & ALS	1	Glucagon				1 mg powder / 1 mL diluent
BLS & ALS	3	Ipratropium bromide 0.02% (Atrovent)				0.5 mg in 2.5 mL NS
ALS	500 mg*	Ketamine	*CS IN LOCKED CONTAINER	YES	No	500 mg/10 mL (50 mg/mL) or other combination of 50 mg/mL to total 500 mg
ALS	2	Lidocaine 2%				100 mg / 5 mL preload
ALS	4 Gm	Magnesium sulfate 50%				(1 ea.) 5 Gm / 10 mL OR (4 ea.) 1 Gm / 2 mL or (2 ea.) 2 Gm in 50 mL NS IVPB
ALS*	2*	Midazolam	*CS IN LOCKED CONTAINER	YES	No	10 mg / 2 mL
		OR Diazepam 10 mg – if midazolam unavailable				
BLS & ALS	4	Naloxone				2 mg / 2 mL
BLS & ALS	1 bottle	Nitroglycerin				0.4 mg (1/150 gr) tabs
ALS**	**OPT	Nitrous oxide				
ALS	1	Norepinephrine & 2 preprinted labels for IV and tubing				4 mg / 4 mL (vial preferred)
ALS	2	Ondansetron (IV)				2 mg / mL (2 mL vial)
BLS & ALS	2	Ondansetron (ODT)				4 mg ODT blister packs
ALS	1	Sodium bicarbonate 8.4%				50 mEq / 50 mL preload
ALS	1	Tetracaine ophthalmic solution				0.5% / 1-2 mL
ALS	2	Verapamil				5 mg
ALS	3	IV solution: Normal saline (1 in warmer; 2 room temp)				1000 mL bag
ALS	1	IV solution: Normal saline				250 mL bag
ALS	2 opt	IV solution: NS for use with Sapphire pump ONLY)				50 mL bags   100 mL bags (alt if shortage)
ALS	2	NS injection (keep 1 w/ EZ-IO supplies)				10 mL preload syringes
BLS & ALS	2	Normal saline (sterile)				1000 mL irrigation bottle
IL	1 quart	Drinking water (may be sterile water bottle)				
	2	<b>MAD® (Mucosal Atomization Device):</b> or approved alternative with or without syringe attached (Teleflex)				

KEY	Min.	ITEM	PACKAGING
ALS	**4	<b>Medication labels</b> (for meds drawn up into syringes by one person and given by another) May use adhesive mailing labels on which the medication name & concentration can be written.	
KEY	Min.	ITEM/descriptors/notes	
<b>AIRWAY EQUIPMENT</b>			
IL	1 ea.	Oropharyngeal airways: 5/100, 4/90, 3/80, 2/70, 1/60, 0/50	
	2	Tongue blade (for insertion of oral airways – keep with oral airways)	
IL	1 ea.	Nasopharyngeal airways: 14 Fr/3.5; 16 Fr/4; 18 Fr/4.5; 20 Fr/5; 22 Fr/5.5; 24 Fr/6; 26 Fr/6.5; 28 Fr/7; 30 Fr/7.5; 32 /Fr/8; 34 Fr/8.5 mm	
ALS	2 each	<b>Endotracheal tubes:</b> High volume/low pressure cuff - stored in sterile packaging. 6 or 6.5 mm, 7 or 7.5 mm (cuffed for use with ProVu hyperacute non-channeled blade)	
IL	3 packets	Water-soluble lubricant (individual packets)	
	1	High-Efficiency Particulate Air ( <b>HEPA</b> ) <b>viral and bacterial filter</b> for use during BVM & ETI procedures. <ul style="list-style-type: none"> <li>Mercury Medical Bacterial and Viral Filter -#10-55375 - 20/box (attaches to port on BVM)</li> <li>Intersurgical 1944000 Filta-Guard™ breathing filter</li> <li>Airlife® disposable Bacterial/Viral filter - #001851 - VYAIR Medical, Inc. (attaches to mask or ETT)</li> </ul>	
<b>Choking kit</b>			
<b>For Pediatrics:</b>			
ALS**	1	Adult or Peds laryngoscope handle (Welch-Allyn or Rusch compatible with disposable blade) & batteries	
	1	Disposable laryngoscope blade – Size #1, Miller (standard or fiber-optic. Ensure compatibility between blade and handle)	
<b>Utilization of ProVu in conjunction with below equipment:</b>			
	1	Magill or uterine curved ring forceps for FB removal	
<b>Adult intubation laryngoscopy equipment:</b>			
ALS**	1	Flexicare ProVu Reusable 3.5" Video Monitor Display, charging cable and charging dock #040-07-0035U	
ALS**	1	ProVu Reusable 3.5" Video Monitor Silicone Protective Casing #038-990-015U	
ALS	2	ProVu Single Use Video Laryngoscope Handle with Hyper Blade Size 3.5 #040-08-2135U	
ALS	1	ProVu Single-Use Rigid Stylet Size Large #040-08-2030U	
ALS	1 ea.	<b>i-gel® or i-gel Plus Supraglottic airway (Resus pack includes i-gel, lube, strap)</b>	
	1 ea.	Size: 5, large Adult; 4, medium Adult; 3, small Adult; 2.5, large Ped; 2.0, small Ped; 1.5, infant	
ALS	1 ea.	<b>ETT holders –Thomas Select</b> (adult and pediatric) Laerdal	
<b>Cricothyrotomy supplies: Recommend store as a kit</b>			
	2	Skin prep: Chlorhexidine gluconate 2% w/ isopropyl alcohol 70% (CHG/IPA) preferred	
ALS	1	10-14 gauge catheter over the needle device for needle cric;	
ALS	1 ea.	ETT: 6 mm for adults; Alternative: SunMed 6mm (24Fr) Tracheostomy Tube – Cuffed; 4 mm; or 5 mm uncuffed or cuffed (for peds surgical cric (8-12 y/o)	
ALS	2 ea.	Adaptor to connect catheter to bag-valve device: 3 mL syringe & 7-7.5 mm ET tube adaptor	
ALS	1	EtCO <sub>2</sub> inline sensor	
ALS	1	6-10 mL syringe (to function as EDD when performing needle cric; inflate cuff if surgical cric)	
ALS**	1	Curved Kelly hemostat clamp or spreader; tracheal hook preferred but optional	
ALS	1	#11 Scalpel	
ALS	1 opt.	<b>Pulmodyne Control-Cric Kit:</b> with Cric-Knife, Cric-Key, 10mL syringe, neck strap, ET tube	
ALS	1 opt.	<b>VBM Jet-Vent Needle Cric Kit:</b> with 5-10mL syringe, neck strap, 14g catheter (ref# 30-02-914-1)	
<b>SUCTION-RELATED EQUIPMENT</b>			
**	1 (amb.)	<b>Installed suction:</b> Must provide airflow of >20 L/min at end of the delivery tube and a vacuum of >300 mmHg (11.811 inches) to be reached within 4 sec. after tube is clamped. Vacuum levels shall be adjustable for use with children and intubated patients. Must be a "Y" or "T" piece or a lateral opening between suction tube and suction source for on/off control. The suction yoke, unbreakable collecting bottle, water for rinsing, and suction tube must be readily accessible to the responder at the head of the primary litter. Can be disassembled for ease of cleaning and decontamination.	
**	1 (amb.)	Clean, unbreakable, non-collapsible collection bottle (receptacle) that holds 1000 mL. If the standard option is too tall for the ambulance compartment may use Bemis 1200 mL Hi-Flow canister #484410.	
	2 (amb.)	6-10 ft. non-kinking, transparent, non-collapsible suction tubing; ¼" inside diameter	
** IL	1 ea.	<b>Portable suction:</b> Must provide airflow of at least 12 L/min at the end of the suction tube and a vacuum of at least 300 mmHg (11.811 inches) within 4 sec after tube is clamped. Must operate from an internal battery supply that is rechargeable or gas-powered allowing unit to meet airflow and suction requirements for at least 20 continuous minutes. Capable of charging from vehicle 12-volt	

KEY	Min.	ITEM/descriptors/notes
		system and 115-volt AC. If powered by pressurized O <sub>2</sub> in a cylinder, must be attached to its own O <sub>2</sub> cylinder and not to spare D or E cylinders intended for portable oxygen use. <b>Approved manually operated suction devices:</b> V-Vac & Res-Q-Vac® <b>Bulb syringe suction</b> (separate from OB kit)
IL	2 ea.	<b>Suction catheters:</b> 6, 8, 10, 12, 14, 18 Fr sterile, single use, soft suction catheters w/ thumb control port
IL	3	<b>Tonsil tip; semi-rigid pharyngeal suction catheter:</b> DuCanto Catheter™ Henry Schein #7005330
<b>OXYGEN/DELIVERY DEVICES</b>		
**	1 (amb.)	<b>Installed O<sub>2</sub> tank:</b> Central "H" or "M" size. Supplied with at least 3000 L of medical grade O <sub>2</sub> ; equipped with yoke. <ul style="list-style-type: none"> <li>Installed w/ quick release, crash-stable, mounting bracket to provide maximum safety for patients and personnel.</li> <li>Must be equipped with a reducing valve (from 2000 PSI cylinder to 50 PSI) with a pressure gauge.</li> <li>Must have an O<sub>2</sub> outlet accessible to the technician at the head of the primary litter and clear, disposable oxygen tubing.</li> </ul>
** IL	2	Portable O <sub>2</sub> tanks: "D" or "E" w/ at least 300 L capacity equipped w/ yokes, clear, disposable O <sub>2</sub> tubing
**	2	Dial flow meters/regulators (not gravity-dependent) that will deliver at least up to 15 L/minute
IL	3 ea.	Nasal cannula – adult & pediatric (EtCO <sub>2</sub> nasal cannula meets requirement)
IL	2 adult 2 ea.	Non-rebreather masks: semi-open, valveless, transparent, and disposable. Pediatric NRM & Infant partial re-breather or equivalent
	1	<b>Nebulizer:</b> acorn type with tee adaptor oxygen tubing, mouthpiece, and flex-tube
	1 opt.	Teleflex ISO-NEB, Medline Ref# 1755. Recommended <b>OPTION</b> to use on pts with a communicable respiratory illness. <a href="https://www.medline.com/jump/product/x/Z05-PF30775">https://www.medline.com/jump/product/x/Z05-PF30775</a> (Teleflex) Also approved: Hudson RCI ISO neb filtered nebulizer system
	1	"In-line" Nebulizer adaptor kit for BVM/ET (preassembled in a labeled bag) (15 mm + 22 mm : Hudson RCI multi-adaptor cat. No. 1422 and Universal cuff adapter cat. no. 1421)
	1	Mercury Medical Flow-Safe II EZ <b>CPAP</b> System Model #10-57318 (large mask with one O <sub>2</sub> source, built-in neb)
IL	1 adult	<b>Disposable adult BVM device:</b> Preferred product: Ambu Spur II w/ mask, reservoir, expiratory filter, PEEP valve, ET/CO <sub>2</sub> (Ambu 520211061 E; Henry Schein 7021719 special pricing). <b>Others approved:</b> Butterfly BVM; Vital Signs Code Blue w/ mask & reservoir tubing/bag #7250; Inspiron 8003 w/ oxygen reservoir & mask; Mercury bag w/ reservoir & mask; SIMS Portex, Novaplus/1 <sup>st</sup> Response. SunMed AIRFLOW™ manual resuscitation/ ventilation bag + Ventlab's integrated pressure manometer, and bacterial/viral filter. Option (not exchange item): Capno-flow resuscitation bag
**	1 opt.	<b>SafeBVM™ Sotair® Flow Limiting Device</b> (See vendor contacts for info)
IL	1 pediatric	<b>Disposable pediatric BVM:</b> (500 mL w/ reservoir): Preferred product: Ambu Spur II Pediatric w/ mask & reservoir, filters, ET/CO <sub>2</sub> , manometer, toddler and child mask. Others approved: SIMS Portex, Novaplus/1 <sup>st</sup> Response; Vital Signs Code Blue #7334 w/ 2 masks (1 Toddler; 1 child) Inspiron;   Medline Pediatric BVM w/ bag reservoir, PEEP valve and manometer #CPRM2216M
IL	1 ea.	Infant, newborn size transparent masks (packaged with pediatric BVM preferred)
ALS**	1 opt.	<b>Ventilators:</b> Zoll Z ventilator, Auto-Vent, PneuPac® VR1 automatic resuscitator ventilator or approved equivalent, Hamilton T1, Ventway Sparrow
<b>VASCULAR ACCESS SUPPLIES</b>		
ALS	2	<b>IV tubing:</b> Macro drip 10, 15 or 20 gtts/mL - needleless required: Baxter Continu-flo Interlink solution set (No. 2C6537S) or Abbott LifeShield (No. 11309) PLUS the B-D Interlink lever-lock cannula adaptor (No. 303370); Alaris Smart Site infusion set (20gtts) Alaris/Carefusion #2426-0500; Smart Site infusion set (60gtts) Alaris #2421-0500 - Cardinal Health <b>10 drop/mL macrodrip tubing required for gravity drip acetaminophen IV without pump</b>
ALS	1 opt	IV tubing: Mini (micro) drip 60 mcgtts/mL (required for gravity drip norepinephrine without pump)
ALS	2	J-loops / IV extension sets (mandatory for IV starts if not using BD Nexiva/Diffusics catheter)
BD Nexiva closed IV catheter System with dual OR BD Diffusics single lumen port (Works w/ CT injectors <a href="http://www.MPS_VA_Nexiva-dual-port-power-injection-guideline_IM_EN.pdf">www.MPS_VA_Nexiva-dual-port-power-injection-guideline_IM_EN.pdf</a> )		
ALS	2	14 G 1.25" or 2"
ALS	2	16 G 1.25"
ALS	2	18 G 1.25" – BD Nexiva closed IV catheter System with dual port; BD Diffusics single port (green)
ALS	2	20 G 1." - BD Nexiva closed IV catheter System with dual port; BD Diffusics single port (pink)
ALS	2	22 G 1"- BD Nexiva closed IV catheter System with dual port; BD Diffusics single port (blue)
ALS	2	24 G ¾"- BD Nexiva closed IV catheter System with dual port; BD Diffusics single port (yellow)
ALS	2 opt.	Disposable IV start pack (Becton-Dickinson or equivalent) with CHG/IPA skin prep
ALS	2	IV protective dressing (Tegaderm, OpSite, or Veni-Gard) (preferably in IV start pack)
ALS	2	Venous constricting bands (preferably in IV start pack)
ALS	1	Padded arm boards
ALS**	1 opt	Modular IV kit (Insulating bag for keeping IV fluids warm): Conterra IVK1-I; <a href="mailto:info@conterra-inc.com">info@conterra-inc.com</a>

KEY	Min.	ITEM/descriptors/notes
ALS**	1 device; 1 bag NS in warmer	<b>IV fluid warmer device or drawer:</b> Warm IVF in plastic over pouches to temps not exceeding 40°C (104°F) up to 14 days. Label IV bags with warming expiration date before placing in warmer. When removed, tag as previously warmed   Do not return to warmer   Use in non-warmed IV stock until manufacturer's labeled expiration date (Policy D3, p. 5).
ALS**	1 opt.	<b>Sapphire infusion pump</b> (Eitan Group) + (2) AP403 infusion sets - Pump must be configured with System standard master drug library prior to deployment.
<b>Intraosseous supplies</b> for front-line ALS ambulances: Recommend package as a unit in one case. (Teleflex)		
ALS**	1	Driver stored in soft or hard-sided case.
ALS	2	45 mm (Yellow) 15 G needle with stabilizer kit
ALS	1	25 mm (Blue) 15 G needle with stabilizer kit
ALS	1	15 mm (Pink) 15 G needle with stabilizer kit
ALS	3	EZ-connect® extension sets (supplied w/ needles)
ALS	1	IV Pressure infuser for 1000 mL IV bag (may be disposable): Ventlab VC 410 or equivalent; <a href="http://www.ventlab.com">www.ventlab.com</a>
ALS	1	10 mL (sterile NS prefilled) syringe (to prime connect tubing and flush IO)
ALS	1	10 mL syringe for 2% Lidocaine flush
ALS	2	Skin prep: Chlorhexidine gluconate (CHG 2%) & alcohol (IPA 70%) – (Chloraprep®)
<b>SYRINGES/NEEDLES/SUPPLIES</b>		
ALS	2	10 G Catheter over the needle device; 3" long (Deseret 10 G #2820) for pleural decompression  Alternative: 10 G 3.25" needles: North Am Rescue <a href="http://www.narescue.com/ARS_for_Needle_Decompression">http://www.narescue.com/ARS_for_Needle_Decompression</a>
ALS**	1 opt	Russell <b>PneumoFix™</b> : 12 G; 11 cm (for pleural decompression) (Boundtree #PDF112)
ALS	2	18 G, 1-1½" needles
BLS & ALS	2	21-22 G, 1½" needles (for IM injections)
ALS	2	25 G, 5/8-1" needles
ALS	2	Filtered needles 18 G x 1½" or straws (for withdrawing meds from ampules)   Suggested manufacturers: needles Sherwood Cat. # 81-305117; filtered straws Braun FS/5005 #1613199 case/100
ALS	3	Blunt tip safety needles (for drawing medications from vials)
ALS	1 opt	Braun® Fluid Dispensing Connector - BLUE (B. BRAUN MEDICAL, INC); multiple vendors carry
ALS	2 ea.	3 mL; 6 mL; 10-12 mL; 20 mL disposable syringes
BLS & ALS	2	1 mL syringe (luer-lock preferred, BD product # 309628, Kendall-Covidien)
ALS	1	50-60 mL syringe (luer-lock, not irrigation tip)
	2	Skin prep: Chlorhexidine gluconate 2% w/ isopropyl alcohol 70% (CHG/IPA – Chloraprep®)
	1 small	Point-of-use sharp container #8905 Burroughs or approved equiv. meeting OSHA guidelines.
ALS	1 large	Puncture-resistant sharps disposable container that meets OSHA guidelines (Squads exempt)
<b>DIAGNOSTIC MONITORING EQUIPMENT</b>		
ALS** BLS opt.	1	<b>Cardiac monitor/defibrillator</b> w/ pacing, 12-L ECG, SpO <sub>2</sub> ; quantitative waveform capnography; non-invasive BP. Approved units: Physio Control LifePak 15/35; Zoll (E)/X series (Real BVM Help™ on X Series® Advanced optional); Zoll Zenix; Philips Tempus Pro monitor or, MRx.
All front-line vehicles unless waiver granted:	Monitor specific	<b>Real-time CPR feedback</b> - Required before mechanical CPR device is deployed. Approved pads: <b>ZOLL: CPR Stat Padz</b> (Adults only) – “Larger” connection requires an adapter. <b>DOES NOT offer peds CPR feedback.</b>   <b>OneStep CPR Resuscitation Electrode</b> (Adult & Peds - More expensive, sole product exchanged by all Advocate hospitals). Rectangular connection does not need adapter-plug directly into the defib cable. Provides peds CPR feedback; needed because children cannot be placed in an automated CPR device. BOTH pads compatible w/ the X Series. All agencies have defib cable WITH white “triangle” adapter so can use any pad received from a hospital in exchange. <b>Physio Control:</b> TrueCPR™ Coaching Device
**	1 each	3, 4, or 5-lead and 12-lead monitoring cables; patient electrode cable
**	2	Extra charged batteries and battery support charger available
**	2 rolls	ECG paper suitable for the monitor
	2 sets Min 20	Pace-defib Pads - Cardiac monitor-specific (see above) – Adult + 1 set Peds Monitoring electrodes (store in closed pkg. to maintain moist gel) Ambu, Zoll or 3M Red Dot
	Unit specific	<b>Notes on PEDs pads:</b> <b>Zoll Pedi-Padz:</b> are not compatible with the Zoll AED Plus and will not plug into the unit. Use “ZOLL Stat-Padz II, CPR-D-Padz or Pedi-Padz II”. “Only use electrodes labeled “Infant/Child” on children < 8 yrs or weighing <55 lbs (25 kg). Use CPR-D-Padz® if pt is > 8 yrs or weighs >55 lbs. (25 kg).” <b>Physio-Control Lifepak-15:</b> Must use manufacturer recommended pads for peds pts: These pads have limitations for age & wt. ranges for infants and children in manual & AED modes. In manual defib mode, cannot be used for children <22 pounds, and in AED mode, cannot use for pts <8.

KEY	Min.	ITEM/descriptors/notes
		<b>Cannot use an LP15 in the AED mode for peds regardless of pad type.</b> The LP15 manual, (section 5 pages 5-7), under "AED" states, "In AED mode, the LIFEPAK 15 is not intended for use on pts < 8 yrs."
**	Opt.	3M surgical clipper with single patient use disposable pivoting heads – model 9661.
	1	Washcloth (or towel) to prep skin for 12-L ECG (suggest keep washcloth in monitor pouch)
	10	Alcohol skin prep pads (for 12-L ECGs only)
BLS**	1	<b>Automated External Defibrillator</b> w/ adult and pediatric capability Manufacturer specific adult and pediatric pads compatible with AED unit (See above notes)
**IL	1	<b>Pulse oximeter</b> (adult & peds): Units installed in approved cardiac monitors preferred. Must include: non-disposable <b>peripheral AND central sensors</b> (ear clip or Y sensor). <b>PEDS:</b> Adult Y-sensors can be used for child, infant, neonate. May also use: adhesive sensors. (Approved stand-alone units: BCI, Novamatrix, Nellcor, PaceTech)
ALS** BLS may apply sensors	1 ea. per brand monitor carried	<b>Capnography (quantitative &amp; waveform display):</b> Side/microstream w/ waveform; units on System-approved cardiac monitor defibrillators need NC plus in-line ETCO <sub>2</sub> sensors (Stand-alone units need system approval): <b>Physio, ZOLL X-series:</b> <ul style="list-style-type: none"> <li>Spontaneously breathing - Oridion Microstream Smart CapnoLine Plus O<sub>2</sub>, 100/case, # 010210</li> <li>Spontaneously breathing - Oridion Microstream Smart CapnoLine Plus O<sub>2</sub>, Pediatric #007269</li> <li>Assisted ventilation - Oridion, Microstream FilterLine Set, 100/case, # 010579</li> </ul> <b>ZOLL - E &amp; M series:</b> <ul style="list-style-type: none"> <li>Spont. breathing - Oral/Nasal CO<sub>2</sub> w/O<sub>2</sub> cannula Adult (10/box ref # 8000-0358)</li> <li>Spont. breathing - Oral/Nasal CO<sub>2</sub> w/O<sub>2</sub> cannula Peds (10/box ref # 8000-0359)</li> <li>Assisted ventilation - Airway Adapter Kit, Adult/Pediatric (10/box ref # 8000-0362)</li> <li>Hudson RCI product cat # 1768 "step-down adapter" (25/case)</li> </ul> <b>ZOLL – Zenix series</b> (agency responsible for purchasing): <ul style="list-style-type: none"> <li>Spont breathing – Masimo NomoLine Adult Nasal CO<sub>2</sub> w/O<sub>2</sub> (25/BX MAS-4459, ref# 8000-010113)</li> <li>Spont breathing – Masimo NomoLine Peds Nasal CO<sub>2</sub> w/O<sub>2</sub> (25/BX MAS-4460, ref# 8000-010114)</li> <li>Asst vent – Masimo NomoLine Adult/Peds Airway Adaptor (25/BX MAS4454, ref# 8000-010115)</li> </ul>
** IL	1 each	Blood pressure cuffs: Adult, Child, Infant assorted sizes (aneroid-type gauge)
**	2	Penlights with batteries (may be personal equipment of EMS clinician)
** IL	2	Stethoscopes (diaphragm type acceptable; diaphragm + bell preferred)
**	1	Thermometer (non-glass; non-mercury): oral (digital), tympanic membrane, temporal artery; non-contact infrared all acceptable
<b>Glucose meters/testing supplies: Vendor &amp; special pricing: Henry Schein EMS; rep info last page</b>		
**	1	Fora GD20 Glucometer
	1 bottle*	Fora GD20 glucose test strps – label w/ discard date (90 days after opening) - *minimum 5 strips
	1 ea.	Fora GD20 Hi/Lo test solution – label w/ discard date (90 days after opening)
<b>DRESSINGS/BANDAGES – Hemorrhage Control</b>		
IL	20	Sterile 4 X 4s
**	2	<b>Chest seals:</b> Vented w/ exhaust valve (Bolin) or laminated vent channel (ITLS). Hyfin seals in Region 9 Mass Violence Kits OK
IL	2 opt	Vaseline gauze 3" X 8" (alternate to chest seals)
IL	6	Trauma dressings
	10	Band-Aids - assorted sizes
	1 ea.	Elastic bandages: 4" width, 6" width
IL	10 ea.	Self-adhering roller gauze: Kerlix 4" x 5 yards;
IL	2 rolls	Adhesive (surgical) tape: ½" or 1"; 2" (to use w/ towels for c-spine motion restriction)
IL	2	Burn sheets, clean individually wrapped (do not need to be sterile)
**	1 roll	Plastic wrap - for burns, large chest wounds; <a href="http://www.acep.org/content.aspx?id=40462">http://www.acep.org/content.aspx?id=40462</a>
**	opt	<b>Water-Jel (Hydrogel) burn dressings:</b> kits or separate sizes; minimum: facial, hand, and at least one larger dressing (#1510-52111) recommended. Special pricing: Safeguard Medical; distributor: Boundtree
	1	<b>Hemostatic gauze:</b> Celox Rapid 3"x5', QuikClot 3"x2', ChitoSAM100 3"x4' (Z-fold hemostatic gauze)
	2	<b>Commercial arterial tourniquet, disposable:</b> Combat Application Tourniquet (C-A-T®) – Rescue Orange, Item # 30-0023; North American Rescue Inc., (Henry Schein), Tactical Mechanical Tourniquet (TMT) (Safeguard medical) or approved equivalent. System pricing available. Those in Region 9 Mass Violence Kits OK.
	1 opt.	<b>iTClamp®</b> wound closure hemorrhage control device - Innovative Trauma Care®, San Antonio, Tx
	<b>1 opt.</b>	<b>TraumaGel Hemostatic Gel</b>
<b>SPLINTING/IMMOBILIZATION/SPINE MOTION RESTRICTION EQUIPMENT</b>		
IL	2	<b>Cervical collars adult:</b> Perfit ACE™ Adjustable Collar (AMBU 281 000) Michael Roda773-620-0865 OR

KEY	Min.	ITEM/descriptors/notes
	1 1	Laerdal Stifneck Select™ adjustable collar. Approved alt: Philly EMT's Select adj. extrication collar <b>Cervical collars peds and infants:</b> Mini Perfit ACE™ Adjustable Extrication Collar (AMBU 281 106) – fits infants and children OR Stifneck extrication collars: Peds CP 300 or peds adjustable collar (light blue) Baby No-Neck CB 200 (pink) or Mini Perfit ACE™ Adjustable Extrication Collar (AMBU 281 106)
**	1 (amb.)	<b>Cervical immobilizer:</b> "Para-Brace," Headbed II (Laerdal) or Ferno Headhugger Model #455; Multi-Grip® Head immobilizer; Pro-Lite® Head immobilizer; Philly Patriot extrication collar; Hoover Headblock or approved equivalent.
** IL	2 ea.	Rigid limb splints ( <b>adult</b> ): long and short; Pro-Splints or approved equivalent (SAM splint)
** IL	2 ea.	Rigid limb splints ( <b>peds</b> ): long and short; Pro-Splints or approved equivalent (SAM splint)
** IL	1	Leg traction splint ( <b>adult</b> ) Hare, Sager,; Faretec CT-6/CT-7 @, Slishman/Slishman 2
** IL	1	Leg traction splint ( <b>peds</b> ) Hare, or Sager; not required if Faretec CT-6/CT-7 @ or Slishman/Slishman 2 is carried
**	1 set-opt.	Vacuum splints (adult) MDI: Deluxe pkg. includes; 1 ankle/wrist; 1 ea. small, med, lg. limb splint + pump. Hartwell Medical FASPLINT® semi-disposable vacuum splints: small, medium, large, pump
** IL	1 (amb.)	Long spine board: Radiolucent material 72" X16" minimum with 3 sets of torso straps, Alternative straps: spider straps, quick connect torso straps or disposable backboard straps.
**	1 (amb.)	Backboard padding - blanket layers OR commercial device: Turley Backboard Pad ( <a href="http://www.turleybackboardpad.com">http://www.turleybackboardpad.com</a> ) Thomas EMS Back Raft, EMS Backboard Padding ( <a href="http://www.thomasems.com/Back_Raft.html">www.thomasems.com/Back_Raft.html</a> ); Trauma Travel Pad ( <a href="http://www.traumatravelco.com/about.htm">www.traumatravelco.com/about.htm</a> ) Trauma Technologies Spineboard pad E1431 ( <a href="http://www.traumatechinc.com/products/pro-tech-pads/disposable-spineboard-pad-e1431/">www.traumatechinc.com/products/pro-tech-pads/disposable-spineboard-pad-e1431/</a> ); Pro-Tech Spine Board Gel Pads ( <a href="http://www.traumatechinc.com/products/pro-tech-pads/pro-tech-spine-board-gel-pads/">www.traumatechinc.com/products/pro-tech-pads/pro-tech-spine-board-gel-pads/</a> ); Morrison Medical Pads ( <a href="http://www.morrisonmed.com/3041_PRESSUREPAD.pdf">www.morrisonmed.com/3041_PRESSUREPAD.pdf</a> )
**	1 (amb.)	Scoop Stretcher: Ferno 65 (replace 65 via attrition), EXL or CombiCarrier II, or approved equivalent
** IL	1	Short spine board: (32" X 16" min) radiolucent material with two 9-foot torso straps; 1 each chin and head strap OR equivalent vest type (wrap around) per vehicle; extrication device optional (see below)
**	1	Means to stabilize the pelvis (adult and pediatric): Hippy Hold Pelvic Sling (Boundtree), Kendrick Extrication Device; vest type (wrap around) device
IL	5	Triangular bandages or arm slings
<b>MISCELLANEOUS SUPPLIES</b>		
** IL	1 pair	Bandage scissors or all-purpose "crash" scissors
IL	1	Emesis collection container - Bath basin   ConvenienceBAG™ by GKR Industries Opt.
IL	1 ea.	Bed pan/urinal (Squad exempt)
IL	1 (opt)	Body remains bag - disposable
**IL	1	<b>Broselow pediatric emergency tape (2019).</b> Approved equivalents: EMSC Pocket Resource/Dosing card (2019), Handtevy™ Pediatric Medication & Equipment Guide booklet; Handtevy™ Mobile System (electronic resource); PediaTape (2021), PediWheel 6 <sup>th</sup> edition (2021), or System/Region developed pediatric dosing/supply reference charts that are dated and approved by the EMS MD.
BLS & ALS**	opt	<b>Buzzy®</b> Mini Healthcare or XL Healthcare: Intended for healthcare and multi-patient use. Features 3-minute auto-shutoff and 2 vibration settings. Package Includes: •1 Buzzy® Mini or XL Healthcare (choice of Black, Bee-Striped, or LadyBuzzy) •4 Universal Healthcare (soft ice) Wings (need to replace the soft ice wings after each use) •1 Silicone Comfort Strap; •2 AAA Batteries (preinstalled in unit) •1 Instruction Manual For ordering information see: <a href="https://buzzyhelps.com/products/buzzy%C2%AE-xl-healthcare">https://buzzyhelps.com/products/buzzy%C2%AE-xl-healthcare</a>
IL	4 ea.	Chemically-activated thermal packs: <b>Hot</b> - 5¼" x 10"   <b>Cold</b> - 5¼" x 10"
BLS & ALS**	opt.	<b>Chest compression mechanical CPR Device (approved piston-type CPR devices):</b> Approved units may only be deployed after System-approved education and competency measurement. All disposable elements for each unit are the responsibility of the Provider Agency to replace. <b>Lifeline ARM XR ACC</b> (Defibtech) <b>LUCAS™</b> 2 or 3 Chest Compression System (PhysioControl – See account manager back page) <b>ROSC-U:</b> Bound Tree Medical   Account Manager – see back page <b>Zoll AutoPulse</b> Chest Compression Device (Zoll account manager – see back page) Other automated CPR devices with FDA approval may be grandfathered/waived when an EMS Agency joins the NWC EMSS and alternate products are already deployed. New agency agrees to purchase System-approved devices when grandfathered equipment is replaced.
BLS & ALS	1	<b>ResQPOD®</b> impedance threshold device (Zoll)
**IL	10	SMART triage tags and State-approved MCI triage algorithms (START/JumpSTART)
	2 (amb.)	Disposable drinking cups (may also be used as eye shields)

KEY	Min.	ITEM/descriptors/notes
	1 box	Facial tissue (Squads exempt)
**	opt.	Nose clips (disposable) "Snuffer"–VacuMed 800-235-3333 <a href="http://www.vacumed.com/zcom/product/Product.do?compid=27&amp;prodid=189">http://www.vacumed.com/zcom/product/Product.do?compid=27&amp;prodid=189</a>
IL	2	<b>OB kits</b> (sterile) pre-packaged with these minimal supplies: sterile towels, scissors or retractable blade/scalpel, two umbilical cord clamps, maternal pads, placenta bag, gloves, mask with eye protection, drape sheet, gauze sponges, underpad, disposable gown/apron, and bulb syringe.
IL	1	<b>OB</b> infant thermal absorbent blanket and head cover: aluminum foil roll or appropriate heat reflective warming material: **Silver Swaddler, **Chemically-activated Baby Warmer <b>OR</b> **Mylar blanket; plus writable ID bracelets
** IL	1 set of 4	<b>Restraints</b> (medical grade): Arm and leg sets; leather or commercially available; buckle or Velcro types, no key locks. "Twice as Tough" by Posey   XD Cuff® REF 117 (XDcuff Starter Pack) or NEON XDcuff® (reusable or disposable) Special pricing available from the company   No soft, cloth restraints
	Opt.	Spit Hood/Sock (Hospital approved - Stearns Wear Spit Sock & Coleman Co spit sock)
**	1	Ring cutter
**IL	10	<b>Ambulance emergency run reports</b> that contain the data elements from Section 515.Appendix E or electronic documentation with paper backup: NWC EMSS Short Form PCR.
**	As listed	System <b>Refusal/release forms</b> X 10 (unless available electronically) <b>Bus accident logs</b> X 5   <b>Domestic violence shelter information</b> X 5 <b>Peer to Peer Controlled Substance Exchange Form</b> X 5
**	1 ea.	<b>SOPs</b> (current edition), selected excerpts from Policy Manual, Procedure Manual (unless available electronically)
<b>UNIVERSAL PRECAUTIONS; HAND HYGIENE; DISINFECTION SUPPLIES</b>		
		1 set approp. size for each responder in close proximity to pt (2 persons) Plus 1 set for driver & responder cleaning vehicle
		PPE appropriate for standard, contact, droplet & airborne precautions. <b>Gloves</b> - Specs: disposable (single-use) latex-free; hypoallergenic, appropriate sizes readily accessible, glove liners, and powderless gloves should be available Large, long-sleeved, disposable <b>gown</b> , shoe coverings: Head covers or fluid repellent gowns/shoe covers may be needed for protection under certain emergency declarations (Ebola, C-Diff with watery diarrhea; Monkeypox). Heavy-duty <b>utility gloves</b> for decontamination/disinfection   HazMat Level-C protection if required by national emergency declaration (not needed for Covid-19)
		N95 respirators CDC/OSHA approved - must be fit tested (replacement item only)
		Full-face shield or protective eyewear - goggles or wrap-around safety glasses w/ solid side shields.
		Disposable (procedural/surgical) face masks (enough for responders + patient)
IL	1 bottle	Waterless hand sanitizer agent: topical 60-95% alcohol-based germicide or approved equivalent
**		<b>Surface disinfectant</b> meeting EPA standards for at least Tier 1 and 2 pathogens. See List N: <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2</a> & List Q: <b>Disinfectants for Emerging Viral Pathogens (EVPs): List Q   US EPA CaviWipes</b> 1 XL (1 min wet dwell time preferred) or other towelettes/sprays for intermediate-level disinfection of non-porous surfaces
**	1 roll	Durable, waterproof, cloth/scrim-backed, tape (duct tape)
IL	2	Red impermeable biohazard-labeled isolation bags for contaminated linen (CDC Approved)
	**OPT	UV Light equipment that has been FDA, EPA, and OSHA approved for disinfection of medical surfaces; DuoGuard (for mobile units) Zone 360. Ultraviolet germicidal equipment for indoor spaces. Approved vendors: Aerapy, LLC; AeroClave LLC
	**OPT	SteraMist ionized Hydrogen Peroxide (iHP™) – TOMI Environmental Solutions™
<b>PATIENT LIFTING/CONVEYANCE DEVICES   Linens – Not required for Squads</b>		
** IL	1	<b>Primary patient litter</b> –Multi-level, wheeled, at least 75" to 80" long, 22" wide; allows for head to be elevated upward to a 60° semi-sitting position; provided with crash-stable, quick release, 3-point fasteners; and 3 set of straps + over shoulder straps. Designed so the frame or handle permits up to four persons to carry the litter, and is easy to move, load, clean, and disinfect. Three-point fastener for cot. Must fit securely in fastener. Bariatric stretchers approved as optional.
** IL	1	Collapsible evacuation chair or stair chair with appropriate sets of straps
**	**opt.	Heavy-duty, vinyl-coated transfer sheet or sling with carrying handles or equivalent
** IL	1 OR	<b>Pediatric restraint systems or age/size appropriate car safety seats</b> that meet federal motor vehicle standards (FMVSS) 213 & 302. Child safety seat info: <a href="http://www.nhtsa.gov/portal/nhtsa_eou/info.jsp?type=all">http://www.nhtsa.gov/portal/nhtsa_eou/info.jsp?type=all</a> . NHTSA Recommendations Safe Transport Children in Ambulances <a href="http://www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf">http://www.nhtsa.gov/staticfiles/nti/pdf/811677.pdf</a> <b>OR</b>
**	1	<b>Preferred:</b> Quantum ACR-4 transitioning to <b>Emergency Child Restraint System:</b> Fits children 4–110 lbs. <b>OR</b> Ferno Pedi-mate #BB-6780 (10-40 lbs. -does not fit all stretchers) or Pedi-mate plus (10-100 lbs.). If Pedi-mate does not secure newborn, use infant car seat or Aegis Seatbelt of Maternity (below)
**	**opt.	Ferno MedKids Pedi-Sleeve: immobilizes child 12-60 lbs. #BB-6770 or Pedi-Pac™ #IE-7800

KEY	Min.	ITEM/descriptors/notes
**	**opt.	Aegis <b>Seatbelt of Maternity</b> : transport newborn & mom (5 sizes + seatbelt attachment) QUANTUMEMS through Saplacor <a href="https://saplacor.com/">https://saplacor.com/</a>
**	**opt.	Mangar CAMEL: Bariatric lifting device; Oak Pointe Medical
** L	**2 opt.	Pillows and pillow cases
IL	2 ea.	Linens: sheets, blankets for ambulance cot; appropriate for seasonal temperatures
**IL	1	Material or device intended to maintain body temperature
<b>COMMUNICATIONS EQUIPMENT:</b>		
Each ambulance shall have reliable ambulance-to-hospital radio communications capability and meet the requirements provided in Section 515.400.		
ALS** IL	1	Portable UHF radio with charger (General Devices, APCOR or equivalent) with touch pad adaptor and UHF 4-channel capability (Med 1, 5, 6 and 8) or cellular phone (tested and working)
** IL	1	Permanently mounted mobile radio with VHF channel 340 or 400 depending on location (must maintain FCC license and provide copy for EMS plan)
<b>NON-PATIENT CARE ITEMS</b>		
** IL	2	Fire extinguishers - ABC dry chemical, min. 5 lb. with quick-release brackets; driver & pt compartments
** IL	1	Flashlight – portable, battery operated
**	2	No smoking signs
**  L	1	Wrecking bar, 24"
** L	1	Goggles for eye safety - hard, impact resistant
** IL	1 ea.	ANSI Class 2 or 3 reflective vests or outerwear; size-appropriate for each responder
** L		Nonflammable reflective and/or illuminated roadside warning devices

**Recommended Optional Equipment - Mass Violence Bags – Issued per Region IX** (replacements responsibility of agency)

#	Item	#	Item	#	Item
1	Maxpedition bag	2	Sharpie markers	4	Rescue blankets
1	Trauma shears	4	Lubricant (water soluble)	4	CAT or TMT tourniquet
4	28 Fr. NPA	4	Hyfin chest seal (more/agency expense)	3	Olaes bandage
2	Celox bandage (prefer <i>CeloxRapid Z fold</i> )	4	*Decompression Needles (strongly prefer minimum 10-12 g; 3" long needles) (Not issued for BLS bags)		

Recommend the availability of body armor (Helmet and vests) for those agencies participating in RTF teams.

**Safety/General Vehicle**

<input type="checkbox"/> Patient area is clean	<input type="checkbox"/> Siren and flood lights operational
<input type="checkbox"/> Equipment in patient area is secured/crash-stable	<input type="checkbox"/> Current IDOT safety inspection sticker on windshield
<input type="checkbox"/> Temp/environmental control standards met for meds	<input type="checkbox"/> No visually apparent issues would compromise safety of the pt, EMS personnel or the public
<input type="checkbox"/> Emergency warning lights operational	<input type="checkbox"/> Illinois Poison Center Number (In SOPs)
<input type="checkbox"/> <b>IDPH Central Complaint Hotline number</b> (must be posted where visible to patient)	

**Vendor Contact information:**

<p><b>Bound tree: Sam Vollrath</b> Southern WI/Northern IL   Mobile: (608) 381-8172 <a href="mailto:Sam.Vollrath@Boundtree.com">Sam.Vollrath@Boundtree.com</a></p> <p><b>Angela Rashid</b> Account Manager, IL Phone: 614-760-5101   Fax: 866-561-1589 <a href="mailto:angela.rashid@boundtree.com">angela.rashid@boundtree.com</a></p>	<p><b>Pacific Biomedical (Sapphire Pump &amp; General Medical Supplies)</b> <b>L.J. Relle, BBA, NRP, FP-C, CCP-C</b> <a href="mailto:lj@pacificbiomedical.com">lj@pacificbiomedical.com</a>   C:504-382-9638   <a href="https://pacificbiomedical.com">https://pacificbiomedical.com</a></p>
<p><b>Henry Schein EMS: Bill Beetschen</b> (847) 366-7989 (24/7)   <a href="mailto:bill.beetschen@henryschein.com">bill.beetschen@henryschein.com</a></p>	<p><b>Philips: Bill Carlson</b>   Cell: 224-230-9860 <a href="mailto:William.Carlson@Philips.Com">William.Carlson@Philips.Com</a></p>
<p><b>Tim Aebly: Account Executive DRE Medical</b> T: (877) 321-8194 / <a href="http://dremed.com">dremed.com</a> Carries certified refurbished Zoll &amp; PhysioControl monitors</p>	<p><b>Bill Cunningham: Penn Care, Inc.</b> Phone: (800) 392-7233 X 135 <a href="mailto:bill@penncare.net">bill@penncare.net</a> Best price on Bolin chest seals, LifePak 15 ECG Paper</p>
<p><b>Flexicare ProVu Laryngoscope</b> Patrick Gorman <a href="mailto:patrick.gorman@flexicare.com">patrick.gorman@flexicare.com</a> 714-800-4779   T 949-450-9999</p>	<p><b>SafeBVM™ Adult Sotair device</b> Haris Shekhani <a href="mailto:haris@safebvm.com">haris@safebvm.com</a> 314-973-6606</p>
<p><b>Innovative Trauma Care: iTClamp</b>; 3463 Magic Drive, Suite 120 San Antonio, TX, 78229   1-855-774-4526 <a href="mailto:maggie@innovativetrauma.com">maggie@innovativetrauma.com</a> 727-483-4336 <a href="https://tactical-medicine.com/products/itclamp-hemorrhage-control-device">https://tactical-medicine.com/products/itclamp-hemorrhage-control-device</a></p>	
<p><b>Alix Webber - MDS - Vascular Access</b> E: <a href="mailto:alix.webber@bd.com">alix.webber@bd.com</a>   C: 847-239-2813</p>	<p><b>Safeguard medical: System pricing Celox and TMT tourniquet</b> <a href="mailto:jenniferro@safeguardmedical.com">jenniferro@safeguardmedical.com</a></p>
<p><b>Mercury Medical: Stormy Grinnell</b> Territory Mgr IL &amp; Iowa   Cell – (630) 432.1466 <a href="http://www.mercurymed.com">www.mercurymed.com</a></p>	<p><b>Teleflex (EZ-IO): Erik Jensen</b>   M: 872.242.5447 <a href="mailto:erik.jensen@teleflex.com">erik.jensen@teleflex.com</a>   Toll-free: 866-246-6990 EMS Territory Manager</p>
<p><b>Quantum EMS Solutions</b> 516-321-9494   <a href="http://www.quantum-ems.com">www.quantum-ems.com</a>   <a href="mailto:sales@quantum-ems.com">sales@quantum-ems.com</a></p>	<p><b>David Dufek XDcuff®</b> P. (386) 275 -8361 <a href="mailto:david@xdcuff.com">david@xdcuff.com</a> Contact for special pricing</p>
<p><b>PhysioControl/Stryker Emerg Care: Steven Schmidt</b> C: (847) 636 0802 <a href="mailto:steven.schmidt@stryker.com">steven.schmidt@stryker.com</a></p> <p><b>Gianna Scarpetti</b> Sales Mgr – Chicagoland <b>Stryker:</b> Patient Resuscitation and Treatment C: 760 715 7025   <a href="http://www.lucas-cpr.com">www.lucas-cpr.com</a> <a href="mailto:gianna.scarpetti@stryker.com">gianna.scarpetti@stryker.com</a></p> <p>Savannah Johnson – Sales Rep (616)-258-9426   <a href="mailto:savannah.johnson1@stryker.com">savannah.johnson1@stryker.com</a></p>	<p><b>Zoll</b> : Caroline Guibord Senior Account Executive EMS Cell: (773) 425-0710   <a href="mailto:cguibord@zoll.com">cguibord@zoll.com</a></p> <p><b>Danny Deutsch; Territory Manager – Ventilation</b> Phone: (248) 915-0122   <a href="mailto:Daniel.Deutsch@zoll.com">Daniel.Deutsch@zoll.com</a> Order supplies - <a href="https://www.zollwebstore.com/">https://www.zollwebstore.com/</a> Technical support – (800)348-9011</p>
<p><b>Defibtech</b> – Michael Lall; AED Professionals; <a href="mailto:michael@aedprofessionals.com">michael@aedprofessionals.com</a> Cell: 312-307-8178   Office: 847-202-3233</p>	
<b>Ambulance disinfection products</b>	
<p><b>AeroClave, LLC</b> Toll free: (800) 788-9119; Phone: (407) 788-3300 <a href="http://www.aeroclave.com">www.aeroclave.com</a></p>	<p><b>TOMI™ U.S. HEADQUARTERS (Steramist)</b> Phone: 800.525.1698   Fax: 301.710.5222 TOMIMIST.COM   <a href="mailto:info@tomimist.com">info@tomimist.com</a></p>
<p><b>Annette Uda:</b> Aerapy, LLC (UV light device   (630) 377-0348 x110; M: (630) 802-5244   <a href="http://www.Aerapy.com">www.Aerapy.com</a>   Meticulous cleaning and disinfecting of all surfaces per guidelines is required before using UV products.</p>	

**NWC EMSS Skill Performance Record**  
**DRUG-ASSISTED VIDEO LARYNGOSCOPY INTUBATION (ProVu)**

Name:	1 <sup>st</sup> attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat
Date:	2 <sup>nd</sup> attempt: <input type="checkbox"/> Pass <input type="checkbox"/> Repeat

**Instructions:** An awake adult has severe dyspnea and exhaustion from HF or asthma. Prepare equipment and intubate using DAI procedure.

<b>Performance standard</b>	<b>Attempt 1 rating</b>	<b>Attempt 2 rating</b>
0 Step omitted (or leave blank) 1 Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique 2 Successful; competent with correct timing, sequence & technique, no prompting necessary		
* Takes appropriate BSI precautions: gloves, goggles, mask   HEPA filter for ventilating w/ BVM		
<b>State indications:</b> <input type="checkbox"/> Actual or potential airway impairment/compromise or aspiration risk that cannot be mitigated by BLS interventions <input type="checkbox"/> Actual or impending hypoxic or hypercarbic resp. failure (apnea, ineffective ventilatory effort; SpO <sub>2</sub> ≤ 90; EtCO <sub>2</sub> ≥ 60)   BLS airways, NIPPV, BVM ventilations contraindicated or ineffective <input type="checkbox"/> Increased work of breathing (WOB) (e.g., retractions, use of accessory muscles) resulting in severe fatigue <input type="checkbox"/> Need for ↑ insp. pressure or PEEP to maintain gas exchange   NIPPV/BVM ventilations contraindicated or ineffective <input type="checkbox"/> Need for sedation to control or effectively assist ventilations		
<b>State contraindications/restrictions to use of sedatives:</b> <input type="checkbox"/> Coma with absent airway reflexes or known hypersensitivity/allergy <input type="checkbox"/> Use in pregnancy could be potentially harmful to fetus; consider risk/benefit		
<b>State contraindications to ETI:</b> Severe airway trauma or obstruction that does not permit the safe placement of an ET tube		
<b>Prepare patient</b> <input type="checkbox"/> <b>Position</b> for optimal view and airway access (head up to 45° unless contraindicated) (Prolongs safe apneic period; improves glottic visualization; improves intubation success; decreases post intubation aspiration) <input type="checkbox"/> Open the airway manually; *insert BLS adjuncts: NPA or OPA unless contraindicated		
<b>Assess</b> to the extent possible for S&S suggesting they may be <b>difficult to ventilate</b> : (MOANS": mask seal, obesity, age (elderly), no teeth, stiffness   "BONES": beard, obese, no teeth, elderly, sleep apnea/snoring.)		
Assess for signs suggesting a difficult intubation (LEMON): Look, Evaluate the 3-3-2 rule, Mallampati score, Obstruction, and Neck mobility. The 3-3-2 rule measures the inter-incisor distance, hyoid-to-mental distance, and thyroid-to-hyoid distance.		
Assess GCS, VS; SpO <sub>2</sub> on RA; auscultate breath sounds for baseline		
<b>*Preoxygenate 3 minutes:</b> O <sub>2</sub> wash in; nitrogen wash out <input type="checkbox"/> <b>Apply O<sub>2</sub> at 15 L/ETCO<sub>2</sub> NC;</b> maintain before and during procedure <input type="checkbox"/> RR ≥ 10 / AWAKE / good ventilatory effort: Consider CPAP at 5-10 PEEP if not contraindicated <input type="checkbox"/> RR < 10 or shallow: O <sub>2</sub> 15 L/BVM squeeze bag over 1 sec providing just enough air to see visible chest rise (~400-600mL); avoid high airway pressure (≥25cm H <sub>2</sub> O) & gastric distention. Ventilate at 10 BPM (1 every 6 sec) to SpO <sub>2</sub> 94%   EtCO <sub>2</sub> 35-45 If Hx asthma/COPD: 6-8 BPM to SpO <sub>2</sub> 92%. If SpO <sub>2</sub> does not meet this goal, contact OLMC. <input type="checkbox"/> If only 1 O <sub>2</sub> source: Sense EtCO <sub>2</sub> via NC (no O <sub>2</sub> ); deliver O <sub>2</sub> through BVM until procedure starts. Then switch O <sub>2</sub> source to NC and run throughout ETI insertion		
<b>Prepare (select, check, assemble) equipment – have ready before pacing blade into mouth</b>		
<input type="checkbox"/> BLS airways; O <sub>2</sub> sources; size appropriate BVM bags and masks; have below ready: <input type="checkbox"/> <b>Suction equipment</b> (DuCanto rigid and 12-14 Fr flexible catheters); turn on to ✓ unit <input type="checkbox"/> ProVu Display (reusable; inspect for S&S of damage) <input type="checkbox"/> ProVu disposable blade (curved non-channeled)   ETT 7.0 & 7.5 <input type="checkbox"/> Stylet; 6mL syringe, water-soluble lubricant <input type="checkbox"/> BP, EtCO <sub>2</sub> , SpO <sub>2</sub> , ECG monitors; commercial tube holder, head blocks or tape, stethoscope <input type="checkbox"/> Alternate airways prepped & in sight (I-gel; cricothyrotomy) <input type="checkbox"/> <b>Medications:</b> Ketamine, etomidate, fentanyl, midazolam (depending on pt)		

<p style="text-align: center;"><b>Performance standard</b></p> <p>0 Step omitted (or leave blank)  1 Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique  2 Successful; competent with correct timing, sequence &amp; technique, no prompting necessary</p>	<p style="text-align: center;"><b>Attempt 1 rating</b></p>	<p style="text-align: center;"><b>Attempt 2 rating</b></p>
<p>*Check ETT cuff integrity while in package; fill syringe w/ 6 mL of air; leave attached to pilot tubing</p>		
<p>*Assemble ProVu per standard procedure; ensure it is operational. Place lubricant on end of ET tube. Load stylet into tube. Ensure stylet is inserted fully and loosely seated.</p>		
<p><b>Premedicate during pre-ox:</b> Pain present + etomidate or midazolam being used to sedate:  <b>FENTANYL</b> 1 mcg/kg (max single dose 100 mcg) IVP/IO/IN/IM; Elderly/debilitated: 0.5 mcg/kg (max 50 mcg)</p>		
<p>*<b>SEDATE:</b> Optimum sedation evidenced by absent gag reflex (lack of eyelash reflex or response to a glabellar tap); easy up and down movement of jaw, no reaction to pressure applied to both angles of the mandible). Allow for clinical response before intubating   Estimate wt carefully</p> <p><b>Order of preference</b></p> <p><input type="checkbox"/> <b>KETAMINE 2 mg/kg</b> slow IVP (over one min) or <b>4 mg/kg IN (NAS) / IM (max 300 mg) OR</b></p> <p><input type="checkbox"/> Child ≥10: <b>ETOMIDATE 0.5 mg/kg IVP</b> (max 40 mg) if ketamine refused/contraindicated</p> <p><input type="checkbox"/> <b>If no ketamine or etomidate due to drug shortage: MIDAZOLAM 5 mg IVP/IN + FENTANYL 100 mcg IVP/IN.</b>  If insufficient sedation: repeat Midazolam 5 mg IVP/IN   Additional doses require OLMC using dosing per the SOP</p>		
<p><b>Intubate:</b></p>		
<p><input type="checkbox"/> Maintain O<sub>2</sub> 15 L/EtCO<sub>2</sub> NC during procedure</p> <p><input type="checkbox"/> When ready to perform procedure: stop ventilating pt.; withdraw OPA (NPA remains)</p> <p><input type="checkbox"/> Monitor VS, level of consciousness, skin color, ETCO<sub>2</sub>; SpO<sub>2</sub> during procedure; time elapsed</p>		
<p><b>START TIMING tube placement after last breath</b> _____</p> <p><input type="checkbox"/> Open mouth w/ cross finger (standard) technique</p> <p><input type="checkbox"/> *Insert ProVu blade midline over tongue (holding blade just above non-channeled portion, not on large handle portion below screen). Avoid pushing tongue into larynx.</p> <p><input type="checkbox"/> *Watch for the epiglottis; direct blade tip toward vallecula to facilitate visualization of the glottis on the video screen. The blade tip can be placed in the vallecula like a Macintosh blade or can be used to lift the epiglottis like a Miller blade. For best results, center the vocal cords in the middle of the display's video screen. <b>DO NOT LIFT TO LOOK!</b> Tilt blade toward user</p> <p><input type="checkbox"/> If the distal window becomes obstructed (e.g., blood/secretions), remove the blade from the patient's mouth and clear the lens. Suction secretions prn for optimal visualization.</p> <p><b>Note: Each blade insertion into mouth = 1 attempt   Limit 2 attempts</b></p>		
<p><b>*Insert ET tube: Limit 1 attempt at ETT insertion</b></p> <p><input type="checkbox"/> Maintain view and advance ETT with stylet through glottic opening. Stop inserting once entered glottic opening. The rigid stylet must be removed prior to further insertion. At this point hold ETT and remove stylet while inserting ETT. Imagine process similar to IV catheter insertion. Never insert fully the ETT with rigid stylet fully inserted in ETT. This process of stylet removal may be a two-person approach. One person holding and inserting ETT, the other removing the stylet, all while maintaining the camera view of the glottic opening.</p> <p><input type="checkbox"/> If trouble passing ETT: Blade tip may have been advanced too far; good image of the vocal cords prevents ETT from advancing because the blade/camera is obstructing ETT passage. Withdraw blade slightly and gently lift in an anterior direction prior to attempting to advance the ETT.</p> <p><input type="checkbox"/> Advance ETT to proper depth (3 X tube ID at teeth)</p>		
<p><b>*Remove blade:</b> Firmly hold ETT in place; remove blade from mouth.</p> <p><input type="checkbox"/> Turn off the display by pressing and holding the POWER button for approximately four seconds for power off. If not fully powered off, the camera will remain in sleep mode which will drain battery.</p> <p><input type="checkbox"/> Carefully remove stylet from the ETT by pulling up and forward towards the patient's chest.</p>		
<p><b>*Confirm tracheal placement:</b> Ensure adequate ventilations + oxygenation:</p> <p><input type="checkbox"/> 15 L O<sub>2</sub> /BVM at 10 BPM (asthma/COPD 6-8 BPM); volume &amp; pressure just to see chest rise</p> <p><input type="checkbox"/> 5-point auscultation: Confirm absent gastric sounds + bilateral breath sounds (midaxillary and anterior chest)</p> <p><input type="checkbox"/> <b>Definitive confirmation: ETCO<sub>2</sub> number &amp; waveform</b> (most reliable)</p> <p><input type="checkbox"/> <b>Time of tube confirmation:</b> (Seconds of apnea) _____</p>		
<p><b>*Troubleshooting</b></p> <p><input type="checkbox"/> If breath sounds only on right, withdraw ETT slightly and listen again.</p> <p><input type="checkbox"/> If in esophagus: remove ETT, reoxygenate 30 sec; insert an I-gel</p>		

<p style="text-align: center;"><b>Performance standard</b></p> <p>0 Step omitted (or leave blank)  1 Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique  2 Successful; competent with correct timing, sequence &amp; technique, no prompting necessary</p>	<p style="text-align: center;"><b>Attempt 1 rating</b></p>	<p style="text-align: center;"><b>Attempt 2 rating</b></p>
<input type="checkbox"/> <b>If ETT cannot be placed successfully</b> (2 attempts to visualize cords/1 attempt to pass tube) or nothing can be visualized; consider alternate airway (BIAD); ventilate & monitor as above   Consider need for additional medication		
<p><b>If tube placed correctly</b></p> <input type="checkbox"/> *Inflate cuff w/ up to 6 mL air to proper pressure (minimal leak or 20 cm H <sub>2</sub> O if cuff manometer available; avoid overinflation); remove syringe <input type="checkbox"/> Note ETT depth: diamond level w/ teeth or gums (3 X ID ETT) <input type="checkbox"/> *Insert OPA; align ETT with side of mouth; secure with commercial tube holder; apply lateral head immobilization <input type="checkbox"/> *Continue to ventilate at 10 BPM (asthma 6-8); ET <sub>CO</sub> <sub>2</sub> 35-45; O <sub>2</sub> to SpO <sub>2</sub> 94% (92% COPD)		
<p><b>If secretions in tube or gurgling sounds with exhalation: suction ETT prn per procedure</b></p> <input type="checkbox"/> Select a flexible suction catheter; mark maximum insertion length with thumb and forefinger <input type="checkbox"/> *Preoxygenate patient; insert sterile catheter into the ET tube leaving catheter port open <input type="checkbox"/> At proper insertion depth, cover catheter port and apply suction while withdrawing catheter <input type="checkbox"/> Limit suction application time to 10 sec (adult). Ventilate/oxygenate patient per SOP.		
<p><b>*Reassess:</b> Frequently monitor SpO<sub>2</sub>, EtCO<sub>2</sub>, tube depth, VS, &amp; lung sounds to detect displacement, complications (esp. after pt movement), or condition change. If intubated &amp; deteriorates, consider: Displacement of tube, Obstruction of tube, Pneumothorax, Equipment failure (DOPE)</p>		
<p><b>*After 10 min:</b> Assess need for <b>post invasive airway sedation and analgesia (PIASA) – Use RASS below</b>  If RASS (-1) or higher &amp; SBP ≥ 90 (MAP ≥ 65) (in order of preference):</p> <input type="checkbox"/> <b>KETAMINE</b> (pain dose) 0.3 mg/kg slow IVP (pain relief + sedation) unless contraindicated OLMC NOT needed for ketamine pain dose added to sedation dose that exceeds max total of 300 mg   <b>OR</b> <input type="checkbox"/> <b>MIDAZOLAM</b> standard sedation dose + <b>FENTANYL</b> (standard dose) if restless/tachycardic (S&S pain)		
<p><b>State complications of the procedure:</b></p> <input type="checkbox"/> *Post-intubation <b>hyper or hypoventilation:</b> Titrate to ET <sub>CO</sub> <sub>2</sub> <input type="checkbox"/> * <b>Barotrauma:</b> pneumothorax & tension pneumothorax; esophageal perforation <input type="checkbox"/> Trauma to teeth, vocal cords, larynx, trachea, mucosal, TMJ injuries, nerve injury <input type="checkbox"/> * <b>Misplaced tube</b> (esophagus, hypopharynx, mainstem bronchus) <input type="checkbox"/> * <b>Over sedation</b> <input type="checkbox"/> *Peri-intubation <b>Hypoxia</b> (<90% SpO <sub>2</sub> ), <b>bradycardia</b> (per age), <b>hypotension</b> (SBP <90 mmHg or lowest age-appropriate SBP) or cardiac arrest Peri-intubation period is time from sedative given or last PPV to up to 10 minutes post any invasive airway attempt		
<p><b>Verbalize post-procedure cleaning &amp; disinfection:</b>  After the procedure is complete, separate the display and video adapter from the blade.  Dispose of blade per standard protocol and clean/disinfect display and video adapter/I-2 policy.</p>		
<p><b>*Critical error criteria in addition to starred items:</b> Check if occurred during an attempt</p> <input type="checkbox"/> Failure to ventilate w/in 30 sec if pt apneic or hypoventilating after applying PPE/interrupts ventilations for >30 sec at any time <input type="checkbox"/> Failure to provide appropriate FiO <sub>2</sub> preox and during peri-intubation period <input type="checkbox"/> Failure to ventilate patient at appropriate rate, volume or pressure: max 2 errors/min permissible <input type="checkbox"/> Failure to successfully intubate within 2 attempts without immediately attempting alternate airway <input type="checkbox"/> Suctions patient excessively or does not suction the patient when needed <input type="checkbox"/> Exhibits unacceptable affect with patient or other personnel <input type="checkbox"/> Performs in a way that could cause harm to a pt or is inconsistent with competent care		

**Factually document below your rationale for checking any of the above critical criteria.**

**Rating: (Select 1)**

- Proficient:** Skillful and efficient; performed all steps independently in full conformity with practice standards for competency, could rapidly problem solve and integrate history, exam findings, and perform multiple tasks concurrently with contextual and adaptive competence while forming appropriate EMS impressions without assistance or instruction.
- Competent:** All key steps independently performed with correct technique, sequence and timing. All starred (\*) items explained/performed correctly with no critical error; minimal coaching needed.
- Practice evolving/not yet competent:** Did not perform with correct technique, sequence, or timing; required frequent coaching or reference to procedure manual | made critical errors | recommend additional practice

Proctor (PRINT NAME – signature)

### The **Richmond Agitation Sedation Scale (RASS)**

Assesses level of alertness or agitation | Used after placement of ADV airway to avoid over/under-sedation

Combative	+4	Agitated	+2	Alert and calm	0	Light sedation	-2	Deep sedation	-4
Very agitated	+3	Restless	+1	Drowsy	-1	Moderate sedation	-3	Unarousable sedation	-5

Goal: RASS -2 to -3. If higher (not sedated enough) assess for pain, anxiety | Rx appropriately to achieve RASS of -2

NAJ 4/26

# NORTHWEST COMMUNITY EMS SYSTEM

## Non-Transport – Drug & Supply/Equipment List

Last revised: 04-22-26 Rev.

- EMS agencies shall assign appropriate personnel to inventory ambulances **daily** at shift change to ensure complete par levels, intact packaging, current dates, and good working order. All controlled substances must be viewed and counted daily per policy.
- The EMS MD or designees will do random unannounced non-transport inspections to measure compliance with these standards.
- All EMS products exchanged at hospitals must be **LATEX- FREE**. All non-exchange items must be latex-free unless a waiver has been granted and a latex-containing kit is maintained. Contain latex: Do NOT use without covering equipment or patient: BP cuffs, stethoscopes, Nellcor pulse oximeter.

Min.	ITEM
<b>IDPH Required BLS Supplies (see IDPH Non-Transport Inspection Form &amp; Section 515.825)</b>	
2	Adhesive tape rolls
1 ea.	Oropharyngeal airways: 5/100, 4/90, 3/80, 2/70, 1/60, 0/50
1 ea.	Nasopharyngeal airways: 12 Fr/3, 14 Fr/3.5, 16 Fr/4, 18 Fr/4.5, 20 Fr/5, 22 Fr/5.5, 24 Fr/6, 26 Fr/6.5, 28 Fr/7, 30 Fr/7.5
3	Water-soluble lubricant (individual packets)
2	Triangular bandages or slings
4	Roller bandages, self-adhering: 4" width
10	Sterile gauze pads: 4x4"
2	Vaseline gauze: 3x8"   Preferred alternative: Vented chest seal
2	Trauma/Universal dressings
1	Bandage shears
1	Emergency blanket (Mylar accepted)
1 ea.	Blood pressure cuff w/gauge: Adult, child, infant
1	Burn sheet
1 ea.	C-collars: Adult, child, infant
2	Cold packs
2	Hot packs
1	Flashlight/Pen light
1	OB kit w/ head cover and thermal absorbent blanket – aluminum foil or appropriate heat reflective material
1	Oxygen cylinder w/ min 350-liter capacity: min 1200psi with O2 key attached
1	Dial flowmeter/regulator for 15 liters per minute with delivery tubing
1 ea.	Oxygen masks: Adult, child, infant
1	Adult squeeze bag (BVM) with adult mask
1	Child squeeze bag (BVM) with child, infant and neonate mask
2	Splinting devices
1	Sterile saline or water solution (1000mL) in plastic bottle or bag
1	Stethoscope
1	Manually operated suction device
1	Defibrillator/AED w/ adult and pediatric pads
5	Run report forms
1	Glucometer (Fora GD20), test strips (bottle of 50), high/low test solution and at least 2 lancets
1	Res-Q-Pod
2	Tourniquet: Disposable Combat Application Tourniquet (CAT), TMT or approved equivalent
	Personal protection equipment (PPE) incl. nonporous disposable gloves, isolation bags, face/eye protection and gowns
	Communication equipment to reliably contact hospital
	ILS/ALS system approved equipment (medication storage box, airway equipment, monitor/defibrillator)

Min.	ITEM
<b>Medications/Supplies BLS: Above plus the following:</b>	
4	Acetaminophen PO chewable tablet 160mg or liquid equivalent
1	Albuterol 2.5mg/3mL (0.083%)
1	Ipratropium 0.5mg/2.5mL (0.02%)
1	Handheld nebulizer (HHN)
1	In-line nebulizer kit
4	ASA chewable 81mg
2	Diphenhydramine PO 50mg
2	Epinephrine 1:1 1mg/1mL
1	Glucagon 1mg
2	Naloxone 2mg/2mL
1	Nitroglycerin bottle 0.4mg
2	Ondansetron ODT 4mg
2	Medication atomization devices (MAD)
<b>Optional BLS</b>	
1	Automated CPR device: Defibtech Lifeline ARM, Stryker LUCAS 2/3, ROSC-U
<b>Medications/Supplies – ILS: Above plus the following:</b>	
2	Normal saline bags 1000mL
1 ea.	IV catheter: 14g, 16g
1 ea.	IV catheter (BD Nexiva or Diffusics): 18g, 20g
2	IV tubing: Macro drip 10, 15 or 20 gtts/mL
1	IV tubing: Micro drip 60 gtts/mL
2	IV protective dressings
4	CHG/IPA skin preps
1	Sharps container
1	Diphenhydramine IV 50mg/1mL
1	Dextrose 10% 25g/250mL
1	Ondansetron IV 4mg
<b>ILS: Selective drugs if vehicle has cardiac monitor with viewable ECG tracing, ETCO2 and SPO2</b>	
1	Adenosine 6mg/2mL
1	Amiodarone 150mg/3mL
1	Atropine sulfate 1mg/10mL
1	Midazolam 10mg/2mL
1	Fentanyl 100mcg/2mL
1	Lidocaine 2% 100mg/5mL
<b>Optional ILS</b>	
2	Disposable IV start pack with CHG/IPA skin prep
<b>Medications/Supplies – ALS: Above plus the following:</b>	
1	Adenosine 6mg/2mL
2	Amiodarone 150mg/3mL
2	Atropine sulfate 1mg/10mL
3	Epinephrine 1:10 1mg/10mL
1	Fentanyl 100mcg/2mL
1	Ketamine 500mg/10mL
1	Midazolam 10mg/2mL
1	Verapamil 5mg/2mL
1	10g catheter, 3" or 3.25" long for pleural decompression

Min.	ITEM
1	10-14g catheter for needle cric
1 ea.	I-Gel: Size 5, Size 4, Size 3, Size 2.5, Size 2, Size 1.5
Choking kit	
	If ProVu not carried: 1 Adult and Peds laryngoscope handle (Welch-Allyn or Rusch compatible), with 1 each Miller size #1 (peds) & size #3 (adult) disposable blades (NOT to be used for ETI); Magill or curved uterine forceps
	If ProVu carried: 1 Adult or Peds laryngoscope handle (Welch-Allyn or Rusch compatible), with 1 Miller size #1 (peds) disposable blade (NOT to be used for ETI); Magill or curved uterine forceps
1 ea.	Syringes: 1mL, 3mL, 10-12mL, 20mL with needles
1	Cardiac monitor/defibrillator: Equipped with adult and pediatric defibrillation pads capable of external pacing, SPO2, ETCO2 and 12-lead ECG
20	ECG electrodes
<b>Optional ALS</b>	
1 ea.	EZ-IO driver: 45mm (Yellow) needle, 25mm (Blue) needle, 15mm (Pink) needle with stabilizer kit
1	Sapphire infusion pump with current NWCEMSS Master Drug Library and 2 AP403 infusion sets
1	Flexicare ProVu Reusable 3.5" Video Monitor Display, charging cable and charging dock
2	ProVu Single Use Video Laryngoscope Handle with Hyper Blade Size 3.5
1	ProVu Single-Use Rigid Stylet Size Large
2 ea.	Endotracheal tubes (cuffed): 6 or 6.5mm, 7 or 7.5mm
1	ETT Holder
1	Battery operated suction unit with DuCanto catheters

**Recommended Optional Equipment - Mass Violence Bags – Issued per Region IX** (replacements responsibility of agency)

#	Item	#	Item	#	Item
1	Maxpedition bag	2	Sharpie markers	4	Rescue blankets
1	Trauma shears	4	Lubricant (water soluble)	4	CAT or TMT tourniquet
4	28 Fr. NPA	4	Hyfin chest seal (more/agency expense)	3	Olaes bandage
2	Celox bandage (prefer <i>CeloxRapid Z fold</i> )	4	*Decompression Needles (strongly prefer minimum 10-12 g; 3" long needles) (Not issued for BLS bags)		

Recommend the availability of body armor (Helmet and vests) for those agencies participating in RTF teams.

## Vendor Contact Information:

<p><b>Bound tree: Sam Vollrath</b> Southern WI/Northern IL   Mobile: (608) 381-8172 <a href="mailto:Sam.Vollrath@Boundtree.com">Sam.Vollrath@Boundtree.com</a></p> <p><b>Angela Rashid</b> Account Manager, IL Phone: 614-760-5101   Fax: 866-561-1589 <a href="mailto:angela.rashid@boundtree.com">angela.rashid@boundtree.com</a></p>	<p><b>Pacific Biomedical (Sapphire Pump &amp; General Medical Supplies)</b> <b>L.J. Relle, BBA, NRP, FP-C, CCP-C</b> <a href="mailto:lj@pacificbiomedical.com">lj@pacificbiomedical.com</a>   C:504-382-9638   <a href="https://pacificbiomedical.com">https://pacificbiomedical.com</a></p>
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<p><b>Tim Aebly: Account Executive DRE Medical</b> T: (877) 321-8194 / <a href="http://dremed.com">dremed.com</a> Carries certified refurbished Zoll &amp; PhysioControl monitors</p>	<p><b>Bill Cunningham: Penn Care, Inc.</b> Phone: (800) 392-7233 X 135 <a href="mailto:bill@penncare.net">bill@penncare.net</a> Best price on Bolin chest seals, LifePak 15 ECG Paper</p>
<p><b>Flexicare ProVu Laryngoscope</b> Patrick Gorman <a href="mailto:patrick.gorman@flexicare.com">patrick.gorman@flexicare.com</a> 714-800-4779   T 949-450-9999</p>	<p><b>SafeBVM™ Adult Sotair device</b> Haris Shekhani <a href="mailto:haris@safebvm.com">haris@safebvm.com</a> 314-973-6606</p>
<p><b>Innovative Trauma Care: iTClamp</b>; 3463 Magic Drive, Suite 120 San Antonio, TX, 78229   1-855-774-4526 <a href="mailto:maggie@innovativetrauma.com">maggie@innovativetrauma.com</a> 727-483-4336 <a href="https://tactical-medicine.com/products/itclamp-hemorrhage-control-device">https://tactical-medicine.com/products/itclamp-hemorrhage-control-device</a></p>	
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<p><b>Mercury Medical: Stormy Grinnell</b> Territory Mgr IL &amp; Iowa   Cell – (630) 432.1466 <a href="http://www.mercurymed.com">www.mercurymed.com</a></p>	<p><b>Teleflex (EZ-IO): Erik Jensen</b>   M: 872.242.5447 <a href="mailto:erik.jensen@teleflex.com">erik.jensen@teleflex.com</a>   Toll-free: 866-246-6990 EMS Territory Manager</p>
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<p><b>AeroClave, LLC</b> Toll free: (800) 788-9119; Phone: (407) 788-3300 <a href="http://www.aeroclave.com">www.aeroclave.com</a></p>	<p><b>TOMI™ U.S. HEADQUARTERS (Steramist)</b> Phone: 800.525.1698   Fax: 301.710.5222 TOMIMIST.COM   <a href="mailto:info@tomimist.com">info@tomimist.com</a></p>
<p><b>Annette Uda: Aerapy, LLC</b> (UV light device   (630) 377-0348 x110; M: (630) 802-5244   <a href="http://www.Aerapy.com">www.Aerapy.com</a>   Meticulous cleaning and disinfecting of all surfaces per guidelines is required before using UV products.</p>	

**NWC EMSS Skill Performance Record**  
**Care of agitated, combative, violent patients**  
**Use of RESTRAINTS**

Date:	EMS Agency	
Name:		<input type="checkbox"/> Pass <input type="checkbox"/> Re-education
Name:		<input type="checkbox"/> Pass <input type="checkbox"/> Re-education
Name:		<input type="checkbox"/> Pass <input type="checkbox"/> Re-education
Name:		<input type="checkbox"/> Pass <input type="checkbox"/> Re-education
Name:		<input type="checkbox"/> Pass <input type="checkbox"/> Re-education

**Instructions:** Use this checklist in conjunction with the NWC EMSS SOPs. System agencies and hospitals shall ensure that all EMS practitioners are competent in the use of devices, techniques, and medications used for EMS assessment, de-escalation, sedation, monitoring, and restraint of patients with a BHE. Agencies shall ensure that practitioners have training in communicating and engaging with individuals who are agitated, uncooperative, and/or violent (NAEMSP). Each EMS practitioner must have their competency assessed using this checklist annually. Randomly ask questions requiring a verbal response of all team members.

Performance standard	Yes	No
<p><b>SCENE/Personal SAFETY:</b> If in jeopardy, request law enforcement protection; withdraw until scene is safe for EMS</p> <p><input type="checkbox"/> Quickly evaluate the situation and resources (often with limited information available)</p> <p><input type="checkbox"/> Apply appropriate PPE /source control</p> <p><input type="checkbox"/> Call for help/additional resources if indicated</p>		
<p><b>Assess pt for imminent risk of harm to self or others:</b> verbal; non-verbal, or written threats/threatening behavior</p> <p><b>List at least three examples of behaviors suggesting an imminent risk of harm:</b></p> <p><input type="checkbox"/> Combative   <input type="checkbox"/> Shouting                      <input type="checkbox"/> Pacing                      <input type="checkbox"/> Punching or kicking                      <input type="checkbox"/> Anger                      <input type="checkbox"/></p> <p>                    Shaking fists</p> <p><input type="checkbox"/> Intentionally slamming doors                      <input type="checkbox"/> Destroying property/vandalism                      <input type="checkbox"/> Sabotage                      <input type="checkbox"/></p> <p>                    Throwing objects</p> <p><input type="checkbox"/> Self-injurious behaviors                      <input type="checkbox"/> Disordered eating                      <input type="checkbox"/> Physical attacks (hitting, shoving, biting, pushing or kicking)</p> <p><input type="checkbox"/> Extremes: rape; arson, use of lethal force</p>		
Inspect environment for clues suggesting substance use (bottles, drugs, toxins); letters, notes, plans to harm others		
<p><b>General pt appearance;</b> hygiene, grooming, odors   Inspect for Medic alert jewelry; impairment; trauma</p> <p><input type="checkbox"/> <b>Obtain collateral information from informants:</b> Hx (if known); recent mood, behavior, or thought changes</p> <p><input type="checkbox"/> Confer with law enforcement if applicable; determine the pt's condition prior to EMS arrival</p> <p>                    What happened to create the situation? What changed? What is the goal?</p>		
<p><b>Describe the spectrum of agitated behaviors:</b> Anxiety to high anxiety, to agitated and cooperative to aggression. Patient may exhibit delirium with agitated behavior &amp; a dangerous inability to understand the situation or dangers of their behavior. Associated motor activity is usually repetitive and non-goal directed: Foot tapping, hand wringing, hair pulling, and fiddling with clothes or other objects; may exhibit repetitive thoughts and statements; irritability, and hyper-responsiveness to stimuli</p>		
Use the Richmond Agitation Sedation Scale (RASS), as part of the assessment and reassessment of agitated patients (See bottom of skill sheet)		
<p><b>*Role play at least 8 assessments that must be performed to determine decisional capacity</b></p> <p>Ability to understand and appreciate the nature and consequences of a decision re: medical Rx or foregoing life-sustaining treatment and the ability to reach and communicate an informed decision (755 ILCS 40/10 [1996], as amended by P.A. 90-246).</p> <p><b>Capacity can be influenced by</b> medications, pain, time of day, mood, medical or mental illness. If any S&amp;S below are abnormal/ impaired the pt may lack capacity Attempt to assess if changes are new (acute) or features of chronic dx and how grossly abnormal EMS interprets the exam findings to be.</p>		
<p>Has pt been declared an emancipated minor?                      <input type="checkbox"/> Yes</p> <p>                    <input type="checkbox"/> No</p>	<p>Has pt been declared legally incompetent?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	

Performance standard	Yes	No
<b>Alertness</b> (Abn. GCS 13 or less): E (3 or 4 OK): V (5): M (6) Total:		
<b>Orientation X 4:</b> Answers accurately person, place, time, and situation (Abn. X 3 or less / 4)		
<b>Speech:</b> Speaks with normal rate, volume, articulation, content   (Disorganized, repetitive utterances?)		
<b>Affect:</b> Mood/emotional response (sad, depressed, flat, anxious, irritable, angry, elated, inappropriate, and incongruent with speech content)		
<b>Behavior:</b> Posture, gestures, abnormal movements, repetitive behaviors; is pt. quiet, restless, inattentive, hyperactive, agitated, violent? Is pt cooperative and able to remain in control?		
<b>Cognition:</b> Intellectual ability/thought processes - Note if linear, confused, disorganized, obsessive thoughts, not making sense; evidence of delusions, delirium, dementia, hallucinations, phobias, suicidal or homicidal ideations.		
<b>Memory:</b> Immediate, recent, remote (amnesia/dementia?)		
<b>Insight:</b> Can pt articulate lucid and logical implications of the situation and consequences to their choices? Do they understand relevant information? Can they draw reasonable conclusions based on facts and communicate a safe and rational alternative choice to recommended care?		
<b>Assess for and Rx causes of AMS per symptom-specific SOP (Consider baseline/normal ranges for pt)</b>		
<b>BALANCE/Coordination</b> – Ataxia (upper or lower extremities); tremors   <b>EYES:</b> Nystagmus		
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>A:</b> Alcohol/drugs/toxins (substance use); ACS/HF, arrhythmias, anticoagulation, anemia</li> <li><input type="checkbox"/> <b>E:</b> Endocrine/exocrine (thyroid/liver/renal/adrenal dx); electrolyte/fluid imbalances; <b>ECG:</b> dysrhythmias / prolonged QT</li> <li><input type="checkbox"/> <b>I:</b> Insulin disorders: <b>✓glucose for hypo or hyperglycemia</b> (DKA/HHNS)</li> <li><input type="checkbox"/> <b>O:</b> O<sub>2</sub> deficit (<b>hypoxia – ✓ SpO<sub>2</sub></b>), <b>opioids/OD</b>, occult blood loss (GI/GU)</li> <li><input type="checkbox"/> <b>U:</b> Uremia; other renal causes including hypertensive problems</li> <li><input type="checkbox"/> <b>T:</b> (recent) Trauma, temperature changes (hypo-hyperthermia)</li> <li><input type="checkbox"/> <b>I:</b> Infections, neurologic and systemic (<b>sepsis</b>)</li> <li><input type="checkbox"/> <b>P:</b> Psychological*; poisoning; perfusion deficits; massive pulmonary embolism</li> <li><input type="checkbox"/> <b>S:</b> Space occupying lesions (epi or subdural, SAH, tumors); stroke, shock (<b>hypotension</b>), seizures</li> <li><input type="checkbox"/> <b>Neuro:</b> Delirium, dementia (Alzheimer's dx), developmental impairment, autism, Parkinson's dx; migraine/other HA</li> <li><input type="checkbox"/> <b>Metabolic:</b> Acidosis (<b>✓ EtCO<sub>2</sub></b>), vitamin/dietary deficiencies; disordered eating / malignancies</li> <li><input type="checkbox"/> <b>*Psych/behavioral:</b> Anxiety or mood disorders; PTS, mental health crisis; personality and bipolar disorders; delusions, psychosis; hallucinations (auditory, visual, tactile)</li> </ul>		
<b>Determine decisional capacity + mental health safety risk</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Low risk:</b> Flat affect; low suicide risk; thoughts disordered (confused) with insight, cooperative</li> <li><input type="checkbox"/> <b>Medium risk:</b> Intoxicated, disinhibited, no insight, unpredictable, cooperative</li> <li><input type="checkbox"/> <b>High risk:</b> Violent; agitated; aggressive, uncooperative; no insight   high risk to self/others</li> </ul>		
<b>Sequence the general approach to agitated/combative/violent patients:</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>IMC</b> special considerations   <b>MEDICAL care = MEDICAL decision</b>   Work collaboratively w/ mental health / LEO</li> <li><input type="checkbox"/> <b>Priority: Pt &amp; Personal SAFETY</b>   Recognize warning signs   Wait to approach/maintain safe distance until adequate resources are available unless urgent interventions are indicated</li> <li><input type="checkbox"/> <b>Containment: Use least risk/force possible</b> to protect all from injury; facilitate assessment</li> <li><input type="checkbox"/> Take all reasonable steps to assess and properly care for an individual who is plainly in distress; do not require a pt with AMS to walk; lift and move using standards-based techniques; bring appropriate conveyance devices to pt; Rx life-threats</li> <li><input type="checkbox"/> Maintain dignity and protect modesty to the extent possible</li> <li><input type="checkbox"/> Express concern for their well-being; declare your intent to touch them for an assessment or safety hold</li> <li><input type="checkbox"/> Consider need for early O<sub>2</sub></li> </ul> <p><b>General approach:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Verbal de-escalation &amp; crisis communication</b> <span style="float: right;"><input type="checkbox"/> Defensive tactics</span></li> <li><input type="checkbox"/> Physical safety hold / physical device <span style="float: right;"><input type="checkbox"/> Sedation &amp; monitoring</span></li> </ul>		
Provide low stimulus & calm environment; limit responders to minimum safe levels, isolate from bystanders		
<b>If S&amp;S of anxiety   verbal aggression/confrontation   Cooperative   Low-medium safety risk:</b> <b>Empathetic communication:</b> Verbally redirect and de-escalate when possible with coaching & reassurance <b>Respect personal space</b> while maintaining a safe position: maintain at least 2 arm's length distance and out of striking or kicking distance <b>Do not be provocative/antagonistic</b> and avoid coercive interventions that escalate agitation; Stay calm; body language must reflect desire to prevent a confrontation; avoid staring, clenching or concealing		

Performance standard	Yes	No
<p>your hands, and closed body language that implies judgment</p> <p><b>Establish verbal contact/rapport</b> (one responder) provide emotional reassurance. Speak in a calm, professional voice. Explain who you are; attempt to reorient them as able; do not yell or speak to them disrespectfully. Build a bond. Assure pt that the goal is to help resolve the issue and keep everyone safe. Do not reinforce delusions or hallucinations.</p> <p><b>Be concise</b> Use clear, short sentences and simple words; give pt time to process and respond</p> <p>Repeat key information as needed</p>		
<p>Help pt manage their emotions or distress and maintain or regain control if possible</p> <p><b>Identify wants and feelings:</b> Respond with empathy and compassion even if expectations are unrealistic</p> <p><b>Actively listen</b> to complaints or concerns</p> <p>Try to find common ground; <b>agree or agree to disagree</b> but acknowledge patient's feelings</p>		
<p>A severely agitated person may be unable to engage in any conversation and requires very different interventions than one who is able to engage.</p>		
<p><b>Set boundaries and clear limits that are essential</b> (mutual respect); calmly inform pt re unacceptable behaviors (violence) and potential consequences; communicate in a factual, nonthreatening manner.</p> <p><b>Attempt verbal de-escalation</b></p>		
<p><b>Offer realistic and alternative choices</b> to violence <b>and optimism</b> if possible:</p>		
<p><b>If pt lacks decisional capacity</b> poses <b>medium-high</b> risk to self or others: <b>DO NOT LEAVE ALONE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provide <b>continuous visual observation</b> and ability to intervene immediately</li> <li><input type="checkbox"/> Rx per implied consent</li> <li><input type="checkbox"/> Try to ensure safety of the physical space in which the patient is encountered and transported.</li> <li><input type="checkbox"/> Search for, secure, and remove items that could be thrown or used as a ligature point or weapon.</li> <li><input type="checkbox"/> Avoid extremes of sensory stimuli/sound (no lights or sirens)</li> </ul>		
<p><b>If patient is an immediate threat:</b> try to isolate the aggressor in as limited an area as possible and evacuate others as quickly as possible by all means of egress available.</p>		
<p><b>Define physical restraint</b> (May paraphrase): Direct application of force to an individual without the person's permission to restrict freedom of movement.</p>		
<p><b>*Give 2 examples of patients on whom a form of restraint might be indicated</b></p> <p><i>EMS practitioners face higher risks when caring for pts in the confined space of an ambulance or with limited resources in the field. These differences may require the use of restraint techniques and thresholds for the implementation of restraint techniques that are specifically intended for the out-of-hospital environment. These may differ from those used by health care providers within a hospital.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical restraint and pharmacologic management / sedation are only indicated to protect a patient, the public, and emergency responders from further injury, facilitate assessment, or allow for treatment of life-threatening injury or illness</li> <li><input type="checkbox"/> EMS practitioners should use the least restrictive restraint techniques to facilitate clinical patient assessment, medically indicated treatment, and safe transport to a hospital</li> </ul>		
<p><b>*State at least 1 example of a soft restraint</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Roller gauze</li> <li><input type="checkbox"/> Sheets/blankets</li> <li><input type="checkbox"/> Chest Posey</li> </ul>		
<p><b>*State at least one example of a hard restraint</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Velcro limb restraints</li> <li><input type="checkbox"/> Plastic ties</li> <li><input type="checkbox"/> Leather restraints</li> </ul>		
<p><b>State one example of a forensic restraint</b> (Handcuffs)</p>		
<p><b>State who is responsible for a prisoner in handcuffs</b> (Arresting law enforcement officer)</p>		
<p><b>State what an officer must give to EMS personnel if a prisoner is in handcuffs and they follow the ambulance in the police vehicle</b> (Handcuff key)</p>		
<p><b>*Verbalize 2 approved positions for a prisoner being transported in handcuffs behind their back</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Seated</li> <li><input type="checkbox"/> On their side</li> </ul>		
<p><b>Verbalize two civil torts (wrongs) that EMS practitioners can be accused of if restraints are incorrectly or inappropriately applied</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> False imprisonment</li> <li><input type="checkbox"/> Assault/battery</li> </ul>		
<p><b>Have criminal charges been alleged against EMS relative to sedation and restraint use? Yes; manslaughter, negligent homicide, and murder</b></p>		
<p><b>State a Federal allegation that may be brought due to improper restraint use</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Violation of civil rights to liberty</li> <li><input type="checkbox"/> Use of excessive force under the Constitution</li> </ul>		
<b>Application of 4-point limb restraints</b>		
<p><b>*Process steps (See SOPs)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Avoid threatening or ALS interventions or restraint unless necessary for patient, crew/bystander safety.</li> <li><input type="checkbox"/> Explain to patient that their cooperation is needed in remaining still and in control. If they cannot do that</li> </ul>		

Performance standard	Yes	No
<p>right now that you will secure their arms and legs for their safety and protection.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If patient remains an imminent risk of harm to self or others: Provide physical restraint.</li> <li><input type="checkbox"/> Ensure patient safety using continuous visual observation (CMS)</li> <li><input type="checkbox"/> Provide as much privacy as possible</li> </ul>		
<p><b>State the minimum number of rescuers needed to apply restraints to a violent pt. (5)</b></p>		
<p><b>Who must provide authorization for restraints either before or after their application?</b> On-line medical control physician. In an emergency, apply restraints; then confirm necessity with OLMC</p>		
<p><b>*Prepare equipment for full limb (4 point) restraint:</b> 2 wrist; 2 leg restraints: Use proper size for patient and correct product to prevent patient injury.</p>		
<p>Plan the approach to the patient based on location, patient situation, &amp; resources available</p>		
<p>Demonstrate application of 4-point restraints with team members <b>*Take patient safely down to a prone or supine position</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> *One person controls each limb by grasping clothing and large joints; ideally one controls the head</li> <li><input type="checkbox"/> Use only enough force to protect patient and/or EMS personnel (do not slam pt to ground or cot).</li> <li><input type="checkbox"/> Restraint should not be unnecessarily harsh or punitive.</li> <li><input type="checkbox"/> Never apply force to the neck or back</li> </ul> <p>Aguirre v City of San Antonio, 995 F.3d 395 (5th Cir. 2021) "it is clearly established ... that exerting significant, continued force on a person's back while that person is in a face-down prone position after being subdued and/or incapacitated constitutes excessive force."</p>		
<p><b>*Adjust pt to a supine or side-lying position as soon as EMS has control of pt's movements</b></p>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Expose area to assess limb SMV. Remove all jewelry from areas to be restrained.</li> <li><input type="checkbox"/> Apply limb restraint in compliance with manufacturer's directions for a particular product</li> <li><input type="checkbox"/> Ensure peripheral perfusion distal to restraint   Allow for rapid removal if ABCs compromised</li> <li><input type="checkbox"/> *Restrain 1 arm at side and other above head; both legs to cot or scoop stretcher</li> <li><input type="checkbox"/> Avoid injury   Never use prone, hogtie (hobble) positioning nor place under a backboard or mattress</li> </ul>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> *Place stretcher straps over bony prominences, crisscrossed over chest, pelvis, and legs in a manner that restrains movement, but ensures adequate oxygenation, ventilation and perfusion</li> <li><input type="checkbox"/> Secure straps to scoop stretcher or cot part that moves with the patient</li> <li><input type="checkbox"/> Secure straps out of patient's reach</li> <li><input type="checkbox"/> Cardiac arrest can happen quickly   Watch for sudden giving up, quiet compliance, collapse</li> <li><input type="checkbox"/> Use quick release ties for non-Velcro restraints for rapid removal if a medical emergency occurs that requires resuscitation</li> </ul>		
<p><b>*State at least 3 signs of physical distress in individuals who are being held or restrained</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shortness of breath</li> <li><input type="checkbox"/> Inability to speak</li> <li><input type="checkbox"/> Hypoxia</li> <li><input type="checkbox"/> Pain due to restraint</li> <li><input type="checkbox"/> Patient continues to move/thrash about</li> <li><input type="checkbox"/> Reduced/absent pulse distal to restraint (adjust application)</li> <li><input type="checkbox"/> Cool/pale limb distal to restraint</li> <li><input type="checkbox"/> Hyperthermia</li> <li><input type="checkbox"/> Cardiac dysrhythmia; unstable VS</li> <li><input type="checkbox"/> Soft tissue injury</li> </ul>		
<p><b>Under what circumstances are EMS personnel authorized to remove restraints once applied?</b> EMS receives orders from OLMC to D/C restraint.</p>		
<p><b>What steps may EMS personnel take if a patient is biting or spitting at them?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Place a surgical or oxygen mask over the patient's face</li> <li><input checked="" type="checkbox"/> Consider application of an approved spit hood when clinically indicated to reduce exposure to bodily fluids <ul style="list-style-type: none"> <li>Use of spit hood (when indicated) <ul style="list-style-type: none"> <li><input type="checkbox"/> Used only for patients who are actively spitting or attempting to bite and pose a risk of exposure to bodily fluids</li> <li><input type="checkbox"/> Shall NOT restrict airway, breathing, or patient monitoring</li> <li><input type="checkbox"/> Do not apply to patients who are vomiting, actively bleeding from the face, or in respiratory distress</li> <li><input type="checkbox"/> Continuous visual monitoring required after application</li> <li><input type="checkbox"/> Remove immediately if patient shows signs of hypoxia, respiratory compromise, or distress</li> <li><input type="checkbox"/> Spit hoods are a protective barrier – NOT a restraint device</li> </ul> </li> <li>Apply in conjunction with least-restrictive restraint techniques and verbal de-escalation</li> </ul> </li> </ul>		

Performance standard	Yes	No
<b>Special populations</b>		
<b>Who must accompany a child in restraints?</b> Responsible adult		
<b>How can one compensate for an elderly adult's loss of sight or hearing?</b> Reassuring physical contact		
<b>What special accommodations must be made for hearing impaired persons whose primary mode of communication is sign language?</b> Hands must be freed for brief periods unless freedom may result in physical harm		
<b>*Besides normal EMS-related reporting, to whom must EMS personnel report a death of a pt while in restraints or following sedation?</b> EMS MD <i>Within what time frame?</i> ASAP; 2 hours		
<b>Sedation and monitoring indications/contraindications (Paramedics/PHRNs)</b> <input type="checkbox"/> Not used to prevent an agitated state. In severely impaired pts, rapid pharmacologic mgmt/ sedation may be indicated to prevent adverse/life-threatening conditions and maximize pt safety. <input type="checkbox"/> EMS practitioners must not give sedating medications based on LEO's request to an individual to facilitate arrest or to assist LEO to take the individual into custody.		
<b>*State at least 5 complications of delirium and severe agitation if the pt is struggling before or after physical restraint application</b> <input type="checkbox"/> Aspiration <input type="checkbox"/> Positional asphyxia <input type="checkbox"/> Severe acidosis <input type="checkbox"/> Trauma <input type="checkbox"/> Hypoxia <input type="checkbox"/> Hyperthermia <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Dysrhythmia <input type="checkbox"/> STEMI <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Rhabdomyolysis <input type="checkbox"/> Stroke		
<b>Pharmacologic sedation and monitoring</b> <input type="checkbox"/> *Which agent is used to achieve sedation for <b>anxious</b> patients?      Midazolam <input type="checkbox"/> *State the IN dose for adult patients      0.2 mg/kg IN up to 10 mg <input type="checkbox"/> *State the IV dose for adult patients      2 mg increments slow IVP q. 2 min up to 10 mg <input type="checkbox"/> *State the IM dose for adult patients:      5-10 mg (0.1-0.2 mg/kg) max 10 mg <input type="checkbox"/> State the max dose for all routes:      20 mg if SBP ≥ 90 (MAP ≥ 65) unless contraindicated If hypovolemic, elderly, debilitated, PMH chronic dx (HF/COPD); prone to ventilatory depression (SCI); and/or suspect use of opioids or CNS depressants: reduce total dose to 0.1 mg/kg.		
<input type="checkbox"/> *Which agent is indicated to achieve sedation in violent, combative patients?      Ketamine Use care/caution with dose selection. <b>How can body weight be accurately estimated?</b> <input type="checkbox"/> Mid-upper arm circumference (MUAC) formula: Wt in kg = 4 X MUAC (in cm) – 50 <input type="checkbox"/> *State the IN/IM dose for adults      4 mg/kg (max 300 mg) (OLMC required for addl. dose) <input type="checkbox"/> *State the IV dose for adults      2 mg/kg slow IVP (max 300 mg) <b>Optional dosing approach if urgent need for SEDATION and NO IV/IO &amp; based on pt. wt.:</b> <input type="checkbox"/> Up to 50 mg (1 mL) IN (NASAL) each nostril (unless contraindicated); may repeat within 90 seconds +/- <input type="checkbox"/> Up to 150 mg (3 mL) IM (may use both thighs through clothing prn). Max cumulative dose: 300 mg per SOP.		
<b>How must a pt be monitored after restraint and/or sedation administration?</b> <input type="checkbox"/> GCS <input type="checkbox"/> RASS <input type="checkbox"/> Airway <input type="checkbox"/> VS <input type="checkbox"/> SpO <sub>2</sub> <input type="checkbox"/> EtCO <sub>2</sub> <input type="checkbox"/> WOB <input type="checkbox"/> ECG q. 5 min <input type="checkbox"/> Document untoward events after sedation or restraint <input type="checkbox"/> Watch for complications of delirium w/ severe agitation		
Follow infection control guidelines for cleaning restraints after removed from patient.		
<b>*Documentation: List at least 6 things that must be documented if a patient was placed into restraints:</b> <input type="checkbox"/> Clinical justification for use   EMS assessment of pt safety   Rationale for type of intervention selected <input type="checkbox"/> Failure of non-physical methods of de-escalation and/or restraint <input type="checkbox"/> Reasons for restraint were explained to patient (informed restraint) <input type="checkbox"/> Restraint order confirmed by OLMC - physician's name who authorized restraint <input type="checkbox"/> If applicable: Describe how restraint was applied by others and reassessed by EMS <input type="checkbox"/> Type(s) of restraint used <input type="checkbox"/> Time of application; reassessments every 5 minutes <input type="checkbox"/> Care during transport <input type="checkbox"/> Any injuries or adverse outcomes sustained by patient or rescuers		

Performance standard	Yes	No
<p style="text-align: center;"><b>Documentation in addition to usual history and exam (ImageTrend worksheet)</b></p> <ul style="list-style-type: none"> <li>▪ Who called EMS? What happened? (nature)</li> <li>▪ Where/when did event happen? situation/statements by pt</li> <li>▪ Preceding factors (prior events)</li> <li>▪ Decisional capacity/risk assessment findings (notes/social media posts)</li> <li>▪ Suicide screen (if applicable) concerns</li> <li>▪ Interventions (type and nature)/responses</li> <li>▪ Any challenges encountered during the call</li> <li>▪ Pt's access to lethal means of harm</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Types of threat alleged or observed: verbal or physical</li> <li>▪ Witnesses; others involved; account of</li> <li>▪ Verify injuries sustained: emotional/physical</li> <li>▪ Evidence to support risk assessment (notes/social media posts)</li> <li>▪ Scene factors/observations to support risk</li> <li>▪ Pt's stated preferences regarding Rx if different from EMS</li> <li>▪ LEO/mental healthcare worker presence/engagement</li> <li>▪ Patient disposition</li> </ul>		
<p><b>Critical errors</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use of excessive force or pressure to neck or back</li> <li><input type="checkbox"/> Failure to assess and ensure patient safety throughout encounter</li> <li><input type="checkbox"/> Failure to position and support patient appropriately</li> <li><input type="checkbox"/> Performs in a way that could cause harm to a pt or is inconsistent with competent care</li> <li><input type="checkbox"/> Exhibits unacceptable affect with patient or other personnel</li> </ul>		

**Scoring:** All steps must be independently performed in correct sequence with appropriate timing and all starred (\*) items must be explained/ performed correctly in order for the person to demonstrate competency. Any errors or omissions of these items will require additional practice and a repeat assessment of skill proficiency.

**Rating: (Select 1)**

- Proficient:** The practitioner can sequence, perform and complete the performance standards independently, with expertise and to high quality without critical error, assistance or instruction.
- Competent:** Satisfactory performance without critical error; minimal coaching needed.
- Practice evolving/not yet competent:** Did not perform in correct sequence, timing, and/or without prompts, reliance on procedure manual, and/or critical error; recommend additional practice

SAR 2/26

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Preceptor (PRINT NAME – signature)

# Statewide Terrorism & Intelligence Center

## (U//FOUO) Human Trafficking Minor Child Indicators Quick Reference Guide for Fire/EMS Personnel

April 2026



(U//FOUO) This quick reference guide is intended for Fire/Emergency Medical Services (EMS) personnel who may respond to or encounter human trafficking.

### **(U) Summary**

(U) Fire/EMS providers have a unique opportunity to identify and assist human trafficking (HT) victims due to their roles in the healthcare system and community. Fire/EMS providers educated in HT may be able to recognize victims, interact with them, provide them with information and resources, and potentially improve HT outcomes.<sup>1</sup>

### **(U) Reporting Suspected Human Trafficking**

(U) In Illinois, known or suspected trafficking of minors is mandated to be reported to the Department of Children and Family Services (DCFS) or local law enforcement.<sup>3</sup>

(U) Fire/EMS personnel are encouraged to report suspected human trafficking in Illinois immediately by calling the National Human Trafficking Hotline at **1-888-373-7888**, texting "**HELP**" or "**INFO**" to **233733**, or chatting online at **humantraffickinghotline.org**.<sup>4</sup>

(U) Tips can be emailed to [ISP.Crime.Tips@illinois.gov](mailto:ISP.Crime.Tips@illinois.gov).

### **(U) Resources:**

- [Illinois State Police Human Trafficking](#)
- [DHS Blue Campaign Toolkits and Indicator Card](#)
- [Blue Campaign First Responder Training](#)
- [National Human Trafficking Resource Center Hotline](#)
- [Center for Prevention of Abuse](#)
- [Life Span](#)
- [Metropolitan Family Services Legal Aid Society](#)
- [Cook County Human Trafficking Task Force](#)

### **(U//FOUO) Minor Child Human Trafficking Indicators:<sup>2</sup>**

- (U//FOUO) Minor accesses healthcare only in emergency situations
- (U//FOUO) Minor seeks medical care for injuries during overnight hours
- (U//FOUO) Minor has lacerations or crush injuries to his/her hand or fingers
- (U) Minor has injuries consistent with labor-intensive activity, including back injuries, repetitive sprains, burns, or cuts
- (U//FOUO) Minor presents with injuries like those seen in adults experiencing workplace injuries and traumas
- (U//FOUO) Minor presents with wounds and injuries in various stages of healing
- (U//FOUO) Minor presents with exposure to toxic chemicals, communicable and non-communicable diseases (such as tuberculosis or hepatitis), and/or dental/orofacial conditions
- (U//FOUO) Minor reports immediate family members are not in the United States
- (U//FOUO) Minor reports being required to work to pay off personal or family debt
- (U//FOUO) Minor reports working overnight shifts or excessively long hours
- (U) Minor provides conflicting identification information (for example, gives a date of birth and age that do not match or uses multiple names during the medical visit)
- (U//FOUO) Minor expresses extreme concern about missing work and being unable to repay debts, despite needing emergency care
- (U//FOUO) Minor provides scripted, confusing, or inconsistent stories about an injury
- (U//FOUO) Minor reports lack of enrollment or attendance in traditional or non-traditional school settings
- (U//FOUO) Minor reports unstable or inappropriate living conditions
- (U//FOUO) Minor displays significant distrust of medical professionals, refusing to talk or being vague about how an injury occurred

### **(U) Physical Indicators of Human Trafficking:<sup>5</sup>**

- (U) Signs of torture: burns, scars, marks from restraints
- (U) Tattoos (branding)
- (U) Forced or coerced drug or alcohol use, abuse, dependence
- (U) Fractures or bruises in various stages of healing
- (U) Repeated physical and sexual assault
- (U) Retained foreign body or tampons in genital or anal orifice
- (U) Malnourishment
- (U) Poor bodily hygiene
- (U) Poor oral hygiene and/or unaddressed dental concerns
- (U) Sores, fractures, burns, or other types of pain related to occupational health or labor-related injuries

**Unclassified//For Official Use Only**

# Statewide Terrorism & Intelligence Center

## (U//FOUO) Human Trafficking Indicators Quick Reference Guide for Fire/EMS Personnel

April 2026



*This quick reference guide is intended for Fire/Emergency Medical Services (EMS) personnel who may respond to or encounter human trafficking victims.*

### **(U) Summary**

(U) Fire/EMS providers have a unique opportunity to identify and address human trafficking (HT) victims due to their roles in the healthcare system and community. Fire/EMS providers educated in HT may be able to recognize victims, interact with the victims, provide information and resources to the victims, and potentially improve HT outcomes.<sup>6</sup>

(U) Fire/EMS personnel in Illinois should follow their agency's guidelines, policies, and procedures for dealing with suspected HT victims.

### **(U) Human Trafficking Behavioral/Physical Indicators:<sup>7</sup>**

- (U) Appears disoriented, afraid, anxious, or submissive
- (U) Appears reluctant to speak or answer questions; avoids eye contact
- (U) Defers to someone else to speak or answer for them
- (U) Expresses distrust or hostility toward authorities and loyalty or trauma bonding toward subject
- (U) Gives statements or answers that seem scripted or coached
- (U) Shows signs of substance abuse, addiction, or withdrawal
- (U) Signs of injury, scars, bruises, cuts, burns; unexplained marks
- (U) Signs of malnutrition
- (U) Signs of untreated medical or dental conditions
- (U) Clothing worn, soiled, or insufficient for outside conditions
- (U) Lack of personal hygiene supplies

### **(U) Reporting Suspected Human Trafficking**

(U) In Illinois, there is currently no mandatory reporting for suspected trafficking of adults.

(U) Fire/EMS personnel are encouraged to report suspected human trafficking in Illinois immediately by calling the National Human Trafficking Hotline at **1-888-373-7888**, texting "**HELP**" or "**INFO**" to **233733**, or chatting online at **humantraffickinghotline.org**.<sup>8</sup>

(U) Tips can be emailed to **ISP.Crime.Tips@illinois.gov**.

### **(U) Resources:**

- [Illinois State Police Human Trafficking](#)
- [DHS Blue Campaign Toolkits and Indicator Card](#)
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- [Metropolitan Family Services Legal Aid Society](#)
- [Cook County Human Trafficking Task Force](#)

## Unclassified//For Official Use Only

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<sup>1</sup> (U) Mueller, D., et al. (2024, December). The Critical Role of EMS Professionals in Identifying Human Trafficking. <https://www.hmpgloballearningnetwork.com/site/emsworld/feature-story/critical-role-ems-professionals-identifying-human-trafficking>, Accessed on 01/22/2026.

<sup>2</sup> (U//FOUO) Potential Indicators of Child Forced Labor for Emergency Healthcare and Public Health Workers. (2024, December). Federal Bureau of Investigation.

<sup>3</sup> (U) Illinois General Assembly. (2026). State Bill 2323. <https://www.ilga.gov/documents/legislation/104/SB/PDF/10400SB2323enr.pdf>, Accessed on 01/22/2026.

<sup>4</sup> (U) We'll Listen. We'll Help. (n.d.) National Human Trafficking Hotline. <https://humantraffickinghotline.org/en>, Accessed on 01/22/2026.

<sup>5</sup> (U) Human Trafficking Model Policy for Healthcare. Cook County Human Trafficking Task Force.

[https://www.cookcountytaskforce.org/uploads/9/1/3/5/9135373/model\\_policy\\_healthcare\\_subcommittee\\_final.pdf](https://www.cookcountytaskforce.org/uploads/9/1/3/5/9135373/model_policy_healthcare_subcommittee_final.pdf), Accessed on 03/27/2025.

<sup>6</sup> (U) Mueller, D., et al. (2024, December). The Critical Role of EMS Professionals in Identifying Human Trafficking. <https://www.hmpgloballearningnetwork.com/site/emsworld/feature-story/critical-role-ems-professionals-identifying-human-trafficking>, Accessed on 01/22/2026.

<sup>7</sup> (U) Trafficking Indicators. (n.d.) Federal Bureau of Investigation. <https://www.fbi.gov/investigate/violent-crime/human-trafficking/trafficking-indicators>, Accessed on 03/18/2026.



<b>Performance standard</b> 1 Step omitted (or leave blank) 2 Not yet competent: Unsuccessful; required critical or excess prompting; marginal or inconsistent technique 3 Successful; competent with correct timing, sequence & technique, no prompting necessary	<b>Attempt 1 rating</b>	<b>Attempt 2 rating</b>
<b>* Confirm tracheal placement:</b> <input type="checkbox"/> Ensure adequate ventilations & oxygenation: 15 L O <sub>2</sub> assist ventilations as needed at 10 BPM unless asthma/COPD (6-8 BPM) – observe chest rise; Auscultate over epigastrium, both midaxillary lines and anterior chest X 2 <input type="checkbox"/> Definitive confirmation: <b>monitor ETCO<sub>2</sub></b> number & waveform. Continue to monitor continuously.		
<b>Troubleshooting</b> <input type="checkbox"/> *If breath sounds only on right, withdraw ETT slightly and listen again. <input type="checkbox"/> *If incorrectly placed: remove ETT, attempt to reoxygenate 30 sec; <b>assess to determine error and take corrective action.</b>		
<b>* If tube placed correctly</b> <input type="checkbox"/> *If no gastric sounds & breath sounds present and equal bilaterally, <b>inflate cuff</b> w/ up to 10 mL air to proper pressure (minimal leak) & remove syringe <input type="checkbox"/> Secure ETT with commercial tube holder; immobilize head. May place 4X4 around tube to help absorb bleeding; do NOT cut gauze; fibers may enter trachea		
<b>* Reassess:</b> Frequently monitor SpO <sub>2</sub> , EtCO <sub>2</sub> , tube depth, VS, & lung sounds enroute to detect displacement, complications (esp. after pt movement), or condition change Monitor insertion site for complications		
<b>Verbalize at least 2 early complications of the procedure:</b> <input type="checkbox"/> Prolonged execution <input type="checkbox"/> Aspiration <input type="checkbox"/> Hemorrhage <input type="checkbox"/> <b>False placement</b> <input type="checkbox"/> <b>SUBQ emphysema</b> <input type="checkbox"/> Injury to Neck structures <input type="checkbox"/> Tube obstruction <input type="checkbox"/> Asphyxia <input type="checkbox"/> Dysrhythmias/arrest		
<b>Document:</b> Indication for procedure, size ETT placed, how correct placement was confirmed; ongoing assessment findings; any complications, your interventions, and the patient's response.		
<b>Critical Criteria - Check if occurred during an attempt</b> <input type="checkbox"/> Failure to attempt ventilations within 30 sec after taking BSI precautions or interrupts ventilations for >30 sec any time <input type="checkbox"/> Failure to take or verbalize body substance isolation precautions <input type="checkbox"/> Failure to voice and ultimately provide high oxygen concentration [at least 85%] <input type="checkbox"/> Failure to attempt to pre-oxygenate patient prior to beginning procedure <input type="checkbox"/> Contaminates equipment or site without appropriately correcting situation <input type="checkbox"/> Failure to insert airway device into trachea at a proper depth or location within 2 attempts <input type="checkbox"/> Performs any improper technique resulting in potential for uncontrolled hemorrhage or in a manner dangerous to pt <input type="checkbox"/> Failure to dispose blood-contaminated sharps immediately in proper container at point of use <input type="checkbox"/> Failure to inflate ETT cuff properly and immediately remove the syringe <input type="checkbox"/> Failure to secure the airway adequately <input type="checkbox"/> Failure to confirm that patient is being ventilated properly (rate & volume) by auscultation bilaterally over lungs, over epigastrium, and confirming with capnography <input type="checkbox"/> Failure to manage the patient as a competent practitioner <input type="checkbox"/> Exhibits unacceptable affect with patient or other personnel <input type="checkbox"/> Uses or orders a dangerous or inappropriate intervention		

**Factually document below your rationale for checking any of the above critical criteria.**

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**Rating: (Select 1)**

- Proficient:** Skillful and efficient; performed all steps independently in full conformity with practice standards for competency, could rapidly problem solve and integrate history, exam findings, and perform multiple tasks concurrently with contextual and adaptive competence while forming appropriate EMS impressions without assistance or instruction.
- Competent:** All key steps independently performed with correct technique, sequence and timing. All starred (\*) items explained/performed correctly with no critical error; minimal coaching needed.
- Practice evolving/not yet competent:** Did not perform with correct technique, sequence, or timing; required frequent coaching or reference to procedure manual | made critical errors | recommend additional practice

Preceptor (PRINT NAME – signature)