



2011 Business Plan & Budget

Emergency Medical Services

Service Statement of Purpose

The Emergency Medical Services (EMS) department of the Corporation of the County of Northumberland (The County) is committed to providing all persons in need of medical attention with the highest quality emergency medical care and transportation to the most appropriate medical facilities for the purposes of providing necessary continuing care. The County's EMS is further committed to this purpose by being an industry best practices model for EMS delivery, delivering care in a timely manner while, at the same time, bringing the rate payer the highest return on tax dollar spent possible.

Service Description

The County's EMS department provides land ambulance services primarily to the residents of Northumberland County, however, The County's EMS is required to respond to emergencies anywhere in Ontario based on the principle of "the closest ambulance" – that is, the ambulance closest to a medical emergency is required to respond. The following description is a brief overview of the land ambulance service provided by the County's EMS department.

Departmental Staffing

- 48 full-time paramedic positions and 48 part-time paramedic positions at both the advanced and primary care levels;
- 1 Chief;
- 1 Deputy Chief of Operations;
- 1 Deputy Chief of Quality Assurance and Education;
- 4 Shift superintendents;
- 1 Administrative Support.

Vehicles

- The County's EMS department maintains a fleet of twelve (12) type III single-stretcher ambulances;
- The 12 ambulances are rotated in use between day and night shifts;
- Ambulances in the Province of Ontario have a service life of approximately fifty-four (54) months or 250,000 km, whichever comes first;
- Ambulances must meet very specific standards that address vehicle specifications, maintenance schedules and equipment specifications.

Stations

- The County operates its fleet of twelve (12) ambulances from six (6) ambulance stations or bases;
- Stations are located throughout The County in:
 - Brighton (28 Elizabeth Street – co-located in fire hall),
 - Campbellford (146 Oliver Street – leased space at hospital),
 - Cobourg (600 William Street – EMS Administration and station),
 - Colborne (34 Victoria Street – co-located in fire hall),
 - Port Hope (245 Ontario Street – co-located in fire hall), and
 - Roseneath (10127 County Road 45 – County Transportation depot);
- Stations are strategically located to address areas with historically high volumes of requests for emergency medical care or, as is the case for Roseneath, geographically isolated areas.

Paramedic Shift Staffing

- Paramedics are scheduled in a manner to ensure coverage twenty-four (24) hours per day, seven (7) days per week and three-hundred and sixty-five (365) days per year;
- The County's EMS department operates seven (7) ambulances during the day-time period and five (5) ambulances over the night-time period;
- Shift patterns are standard for all station locations however, shift start and end times vary by location;
- The staffing of ambulances occurs as follows:

Station	Day Shift	Night Shift	Hours per Day
Brighton	07:00 to 19:00	19:00 to 07:00	24 hours
Campbellford	07:00 to 19:00	19:00 to 07:00	24 hours
Cobourg (24)	07:00 to 19:00	19:00 to 07:00	24 hours
Cobourg (12)	06:00 to 18:00	N/A	12 hours
Colborne	09:00 to 21:00	N/A	12 hours
Port Hope	07:00 to 19:00	19:00 to 07:00	24 hours
Roseneath	08:00 to 20:00	20:00 to 08:00	24 hours

Mandatory Programs

The County's EMS department must:

- Obtain and continue to maintain its certificate from the Province of Ontario licensing The County to operate a land ambulance service;
- Ensure the health and safety of all employees at all times while in the employ of The County;
- Develop a plan outlining ambulance station locations, emergency coverage patterns and emergency coverage re-instatement (in cases where ambulances are busy responding to calls for medical assistance). This plan is called a deployment plan;
- Respond to requests for emergency medical assistance in the community by sending the ambulance closest to the emergency;
- Provide emergency medical care to those in need as a result of illness or injury;
- Provide transportation of those in need of medical care to the most appropriate medical facilities;
- Develop and administer strict ambulance maintenance schedule;
- Develop and administer mandatory medical supplies inventory management;
- Develop and administer mandatory paramedic documentation auditing process to ensure quality of care and compliance with legislated patient care and documentation standards;
- Provide a variety of continuing education programmes for paramedics to ensure compliance with legislation.

Discretionary Programs

- Provide hardware, training and ongoing certification for the provision of public access defibrillation (as part of a Heart and Stroke Foundation initiative);
- Develop and administer a public relations programme to educate public both in the use of EMS and 911 and promote The County's EMS department;
- Continuous improvement in the use of electronic media to capture and store data related to all ambulance service activities;
- Continue to develop a land ambulance service programme that forms a model for best practices in the Province by using real data to form part of a continuous quality improvement programme.

Environmental Scan

Control of Ambulance Resources

While The County develops a deployment plan that specifies how The County's EMS resources are to be utilised, the control of ambulance resources in the Province of Ontario ultimately rests with the Ministry of Health and Long-term Care (MOHLTC).

The MOHLTC controls the day-to-day movement of ambulance resources by operating ambulance dispatch centres called Central Ambulance Communications Centres (CACC).

Call Volume

Northumberland County EMS responds to calls primarily in Northumberland County. However, The County's EMS may be required to respond to emergencies anywhere in the Province of Ontario. The responses outside Northumberland County primarily occur in neighbouring municipalities such as Peterborough County, Hastings-Quinte and Durham Region. In addition, hospital patients are transported to hospitals in many locations in Ontario and, at times, even to the U.S. for treatment.

The chart displayed below summaries call volumes for the period of October 19, 2009 to October 20, 2010. This number is a reliable indicator of total call volume expected for the year 2010.

2010 YTD Stats October 19, 2009 – October 20, 2010

Station	Non urgent	Booked App't	Prompt	Emergency	Stand By	Total
Cobourg	90	38	752	1,909	1,984	4,773
Campbellford	21	36	456	881	770	2,164
Colborne	9	14	195	397	1,234	1,849
Brighton	4	2	268	788	1,349	2,411
Roseneath	18	24	246	587	2,638	3,513
Port Hope	16	13	482	1,060	748	2,319
YTD Total 2010	158	127	2,399	5,622	8,723	17,029
YTD Total 2009	415	342	2,458	6,640	9,293	19,148

- 2010 call volume was significantly reduced from the previous year over the same period. Of particular note is the fact that all call assignments except the "Prompt" calls were significantly fewer.

Response Time – 90th Percentile

	Call Volume	90 th Percentile
1996	7,148	16:16
2004	10,819	17:27
2005	14,841	17:22
2006	16,228	16:55
2007	16,816	16:50
2008	16,749	17:03
2009	17,131	16:59
2010	YTD	16:48

- 90th percentile times remained constant for the last 4 years even with the steady increase in emergency calls. A new mandatory response time standard must be developed for implementation in 2012.

Funding

The Province and the County were each to pay 50% of ambulance costs when the service was downloaded. Our recent history summarized below:

Year	Total Budget	MOH Subsidy	Percentage
2007	\$6.90 M	\$ 3.50 M	49.3 / 50.7
2008	\$7.46 M	\$ 3.99 M	46.5 / 53.5
2009	\$8.24 M	\$ 3.85 M	53.3 / 46.7
2010	\$9.87 M	\$4.42 M	55.2 / 44.8
2011	\$9.88 M	\$4.28 M	56.7 / 43.3

The 2011 grant amount has been estimated at \$4,283,999.00. The County portion of the 2011 budget is projected to be \$5,559,019.00 for a total budget of \$9,883,018.00. This equates to a 43.3% contribution by the Province and is less than the announced 50:50 partnership. Discussions are ongoing between the Province and the County's Director of Finance. Funding allocations have not yet been communicated to the County. Therefore, the funding has been conservatively estimated for budget purposes.

Other factors impacting the 2011 increase are:

- Collective agreement settlement as at December 2010;
- Increase costs of medical supplies; and,
- Increase ambulance purchase and maintenance costs.

Legislative

The County's EMS department operates land ambulance services in a highly regulated environment from a legislative perspective. The primary legislation governing land ambulance services is the *Ambulance Act R.S.O. 1990, Chapter A.19* and all regulations and standards specified by the same.

In addition, The County must operate its land ambulance services in accordance with many other Acts, both Federal and Provincial. The Acts specify many Regulations and standards that must be adhered to.

In order to be permitted to operate a land ambulance service in the Province of Ontario, land ambulance service operators must obtain and maintain a license from the Ministry of Health and Long-term Care Emergency Health Services Branch. In order to qualify for this operating license, land ambulance service operators must take part in the mandatory certification review process. The initial review is followed by triennial reviews that ensure continuing compliance with operating requirements.

This comprehensive review of the land ambulance service requires that the land ambulance service operator demonstrates its compliance with all of the many Acts, Regulations and standards applicable to the operation of a land ambulance service.

Since The County has assumed responsibility for directly operating the land ambulance service in Northumberland County (December 2003) – called the direct delivery model – The County has been the subject of three (3) service reviews and has not only been successful, but continues to improve as a best practices model for EMS delivery.

Prior Year Accomplishments

- Completed move of the Cobourg ambulance station to the new 600 William Street EMS headquarters. EMS administration moved to 600 William Street as well.
- Significant work completed on response time plan. The MOHLTC has now given municipalities an extension forward to 2012. However, a great deal of data and information was gleaned from the process thus far.
- Modifications were made to current deployment plan to address resource allocation needs.
- Fully staffed with full-time compliment of paramedics – no full-time vacancies.
- Recruited and hired 18 new part-time paramedics.
- Created and staffed the position of Deputy Chief of Operations for the EMS department.
- Recruited and staffed vacant shift superintendent position.
- Purchased fourteen (14) new defibrillators and trained all paramedic certified staff in their use.
- Settlement of collective agreement with OPSEU local 344.
- Purchase of three (3) new ambulances to replace aging ambulances in our fleet.
- Began the process of upgrading EMS stations in significant states of disrepair to bring stations up to acceptable standard as living quarters.
- Modified ambulance cleaning programme to formalise cleaning and disinfection process.
- Began work with the Golden Plough Lodge to explore joint purchasing arrangements to purchase medical inventory in a more cost efficient manner.
- Re-introduced EMS departmental newsletter to help improve departmental communication.

- Continued work with Loyalist Managing and Leading Programme in building on the strengths of the EMS management team.
- Purchase of five (5) new Panasonic Toughbook laptop computers to replacing aging computers in ambulances.

2011 Service Objectives and Related Work Initiatives

- Continue to recruit Advanced Care Paramedics as vacancies occur;
- Continue to recruit part time paramedics;
- Search for a new 2 bay station in Port Hope. Estimate \$500K (2010 – 2011);
- Continue work in the development of new legislated response time plan for 2012;
- Develop strategies to reduce response times including seeking additional staffing for the Cobourg 06:00 to 18:00 vehicle to twenty-four (24) hours and the Colborne 09:00 to 21:00 vehicle to twenty-four (24) hours for consideration in the 2012-2014 budget;
- Replace 3 ambulances – March delivery;
- Complete hardware and software upgrade for the equipment used to complete paramedic mandatory documentation and storage of the same;
- Recruit and hire a Deputy Chief of Quality Assurance and Education;
- Continue to develop programmes that improve the operation efficiency and overall quality of the services provided by the EMS department;
- Continue development work of EMS management team;
- Work to develop a comprehensive EMS departmental strategic plan, statement of purpose, vision and department core values aligning with and supporting those of County Council;
- Develop and implement a comprehensive infection control programme including a properly licensed bio-hazardous materials disposal programme;
- Evaluate and re-develop deployment plan using all new database information available and by consulting all key stakeholders in the development of the plan;
- Comprehensive review of EMS policies and procedures manual, re-writing the manual to align with both The County's HR policy manual and The County's Health

and Safety Policies, consulting with all key stakeholders in the development of the revised policy manual.

2011 Forecast and Strategic Priorities

- Continue with long term capital asset replacement plan with the annual purchase of 3 new ambulances, estimate \$375K;
- County budget to purchase one ERV in 2011 and a second one in 2012.
- Hire replacement for the Deputy Chief of Quality Assurance and Education;
- Begin search for suitable long term solutions for the Brighton, Colborne and Port Hope stations;
- Develop and implement comprehensive department specific strategic plan to align with and support that of The County as a whole.

Five to Ten Year Strategic Objectives

- 2015 – Improvements to the Campbellford base which has limited space and Health and Safety concerns or a new base. Estimate \$1M
- 2016 – Addition of second ambulance twenty-four (24) hours per day in Port Hope to address increasing call volumes.
- 2017 – Evaluate the potential addition of an EMS station in the north-west portion of the County to address increasing service demands and increasing population.

Issue Paper – Vehicle Purchase

1. Background

Consistent with other EMS service providers, the County has three levels of management to oversee its operations:

- i) Chief (1)
- ii) Deputy Chiefs (2)
- iii) Shift Superintendents (4)

Because of the nature of an EMS service with our six ambulance bases spread across the County and the 24/7 operational hours, each of the EMS managers are on the road at least 50% of the time.

Presently the County only has two County-supplied vehicles for the use of managers:

- one SUV type vehicle (called an ERV – Equipped Response Vehicle) which is shared by the four Shift Superintendents, only one of whom is on duty at any time
- one automobile for the Chief; the two Deputy Chiefs must use their own personal vehicles for travel on EMS business and are paid mileage on a per kilometre basis like all other County employees.

2. Benefits of Equipped Response Vehicles

The present automobile assigned to the Chief is equipped with a defibrillator, a basic first aid kit and a full paramedic's response kit. The ERV shared by the four Shift Supervisors is equipped with a full range of response equipment but it does not have space for a stretcher and therefore cannot transfer a patient. Because the managers driving these vehicles are qualified paramedics, it is very important that they can and do provide immediate medical interventions. They are dispatched to emergency calls when they are in the closest vehicle and "stop the clock" just like a regular fully-equipped ambulance.

If the two Deputy Chiefs had ERV's they too could provide immediate first response on emergency calls and again "stop the clock".

The County is required by the Ministry of Health to meet or exceed certain response time standards. As the County's population had grown and changed (our average age is significantly higher than the Ontario average) the number of emergency calls has increased significantly. In 1996 there were less than 8,000 calls per year and by 2010 there were in excess of 18,000 calls. The County has had to expand its number of staff and ambulance bases to keep response times at a reasonable level. In 2001 the budget was \$2,900,000. and by 2010 the budget had grown to \$10,000,000.

Within the next two years, the County will have to consider a further service expansion to continue to meet the response time standards. When that happens, it will mean a budget increase of \$600,000. per year. This would allow for one 2-person crew on a 12 hour shift. 7 days per week. To the extent that the County's EMS management team can respond to calls and "stop the clock" by providing a medical response, the County's response time averages will be reduced. This could result in a deferral of a year or two in the need to add additional ambulance crews.

3. Other Benefits

The ERV's are SUV type vehicles equipped with four-wheel drive, two-way radios and automatic vehicle locators (AVL). The two Deputy Chiefs must be on the road no matter how severe the weather. It is far preferable to have them in an ERV with full communications and AVL (not to mention the paramedic equipment) than to be in a personal vehicle without full communication and perhaps without all-wheel drive. For example, in the event of a major vehicle accident on Highway 401 or a major fire, it would certainly be beneficial to have the Deputy Chief in a recognizable EMS vehicle and to be able to fully communicate with HQ and other emergency services. The OPP will not allow personal vehicles to enter or approach a major accident scene.

4. Financial Implications

The cost of a fully equipped ERV is \$90,000. The Ministry of Health and Long Term Care will pay for 50% of this cost over the life of the vehicle. The County must pay 100% of the cost of the vehicle upfront and then over the 5-6 years of operation, the

Province would contribute a pro-rated share annually. This cost is partially offset by the elimination of the personal mileage reimbursements for each Deputy Chief which is approximately \$14,000. per person, per year (the Province pays 50% of these mileage costs).

5. Recommendations

It is recommended that the County budget to purchase one ERV in 2011 and a second one in 2012 in order to soften the budget impacts. If at the time of the July, 2011 County Mid-Year Budget update there are sufficient savings to advance the proposed 2012 purchase, it is further recommended that strong consideration be given to do so.

Issue Paper – Ambulance Replacement

1. Background

The Emergency Medical Services (EMS) department of the Corporation of the County of Northumberland (The County) operates Land Ambulance Services in the primary geographic area of the County of Northumberland.

EMS operates Land Ambulance Services from six (6) ambulance stations located strategically around the 1,901 square kilometres of the county. From these six stations, The County's EMS operates twenty-four (24) hours per day, seven (7) days per week and three-hundred and sixty-five (365) days per year.

The current EMS fleet is composed of three (3) types of vehicles serving distinct purposes. The current fleet employs the use of single-stretcher Type III ambulances, Emergency Response Vehicles (ERV) capable of emergency response but not carrying patients and an Operational Support Unit.

The County currently owns and operates twelve (12) ambulances. This provides enough resources such that optimal rotation of vehicles can be maintained. The rotation of vehicles ensures longer service life, routine maintenance activities as well as contingency for malfunctions or collisions.

2. Asset Replacement

The County needs to maintain a sustainable ambulance replacement strategy that allows for timely replacement of the ambulances necessary to service requests for emergency medical assistance from those in need.

Ambulances are subject to use under extreme operating conditions and wear out rapidly. The life span of an ambulance is approximately fifty-four (54) months. The life span of an ambulance is based on both recommendations from the Ministry of Health and Long-term Care (MOHLTC) – the body that certifies ambulances for use in the Province of Ontario – as well as experience here in The County.

The optimal ambulance replacement strategy is a strategy that replaces each ambulance before it reaches its maximum life expectancy.

3. Scope of the Problem

The County's current fleet of twelve ambulances is as follows:

Vehicle I.D. Number	Model Year	Current Mileage
4133	2009	41,185
4134	2007	142,271
4135	2007	218,104
4136	2008	87,455
4137	2009	20,451
4140	2006	189,024
4142	2010	34,257
4143	2006	246,864
4173	2008	113,073
4514	2008	65,163
4515	2008	91,771
4516	2009	66,851

There are several factors that must be considered with respect to the need for replacement of ambulances.

- Ambulances are subject to early wear and tear due to extreme operating conditions. This is both due to being exposed to extremes of environmental conditions and the nature of the driving being emergencies.
- The geographic size of Northumberland County is large. This means that ambulances must travel long distances in order to ensure adequate emergency coverage and, often when responding to emergency calls. Mileages on ambulances increase rapidly.
- Specialised health care services are often not available within Northumberland County. The County's ambulances are often used to move sick and injured people to distant health care facilities that do provide the level of care required. This also causes significant increases in mileage.
- Ambulances originate as simple trucks that require significant conversion. Ambulance manufacturers complete most of the conversion but the ambulances require many after-market modifications. Some of these conversions will end up with chronic functional issues. As a result of significant repair costs, these ambulances will require replacement often sooner rather than later.

Having an operational fleet with limited interruptions due to maintenance requirements or malfunction requires a steady programme to keep the ambulance fleet up to date. The fully operational fleet is necessary in order to ensure a state of emergency response readiness at all times.

A well maintained fleet that is renewed on a continuous cycle is also required in order to take advantage of improvements in safety mechanisms as these evolve in the ambulance and automotive industries. Paramedic safety while they are involved in emergency responses and emergency transport of sick and injured people is increased when new ambulances are purchased. In addition, new ambulances are essential not only for the safety of the paramedics but also for the safety of the public. Routinely replacing ambulances ensures that the equipment responding to emergencies is the safest possible for the public.

From the table above, two of the ambulances in our current fleet have reached the fifty-four month suggested life span (4140 and 4143). A third ambulance (4135) also has significant mileage accumulated and will also reach its suggested life span in the upcoming budget year.

Traditionally these vehicle purchases have been made through established reserve funds. For the upcoming budget year however, the MOHLTC has changed funding rules such that it will not fund reserves.

4. Financial Implications

The proposed expenditure for the replacement of the 3 ambulances identified is \$337,915. The County must pay 100% of the cost of the vehicle upfront and then 50% of this expenditure will be recovered from the MOHLTC through depreciation of the assets over their life span.

Issue Paper – Electronic Inventory Management System

1. Background

EMS operates Land Ambulance Services from six (6) ambulance stations located strategically around the 1,901 square kilometres of the county. From these six stations, The County's EMS operates twenty-four (24) hours per day, seven (7) days per week and three-hundred and sixty-five (365) days per year.

The second largest budget line item for EMS is medical supplies inventory (\$230,000). In fact, the EMS department maintains an inventory of not only medical supplies but of many other items necessary to the daily operation of the ambulance service.

The supplies necessary for the operation of the ambulance service are extensive (Appendix A – Supply Inventory List).

These supplies are stocked in all twelve (12) front-line ambulances as well as EMS Emergency Response Vehicles. These vehicles need to maintain a stock of an array of products due to the very un-predictable nature of ambulance work – each call is unique and will require equipment specific to the situation. As ambulance crews may be required to respond to multiple incidents without a break, there must be a great deal of duplication in the items stored on board the ambulance. The minimum quantities of items are legislated by *Provincial Equipment Standards for Ontario Ambulance Services*. Further, it is important to note that most products have expiry dates which must be tracked and appropriate actions taken at expiry.

Each ambulance station must maintain an inventory of these same supplies. This supply allows paramedics to replenish items used on a call. Generally, the amount of inventory at the station is dependent upon the number of vehicles working at that same station. Each station is supplied from a central supply inventory that is maintained at the EMS headquarters located at 600 William Street in Cobourg.

Due to the volume of items in inventory as well as the multiple remote locations that the inventory is stored in, it is extremely labour intensive to manually track and account for the entire inventory. Manual tracking is inherently fraught with multiple opportunities to make errors. It also takes the paramedic staff and managers away from other important responsibilities which are a better use of their time.

2. Asset Addition

The EMS department needs to implement an electronic inventory management system that will improve controls on inventory thereby decreasing the labour intensive nature of manually tracking inventory..

This system would involve both an addition of hardware and any necessary software to make the system fully function and integrate with the existing Great Plains accounting software employed by The County currently.

Improved control of the supplies inventories stocked by the EMS department have several distinct advantages all of which assist in providing the ratepayer with the best value for tax dollar spent on EMS.

3. Financial Implications

The proposed expenditure for the hardware and software is \$20,000. 50% of this expenditure will be recovered from the MOHLTC through depreciation of the assets over their life span.

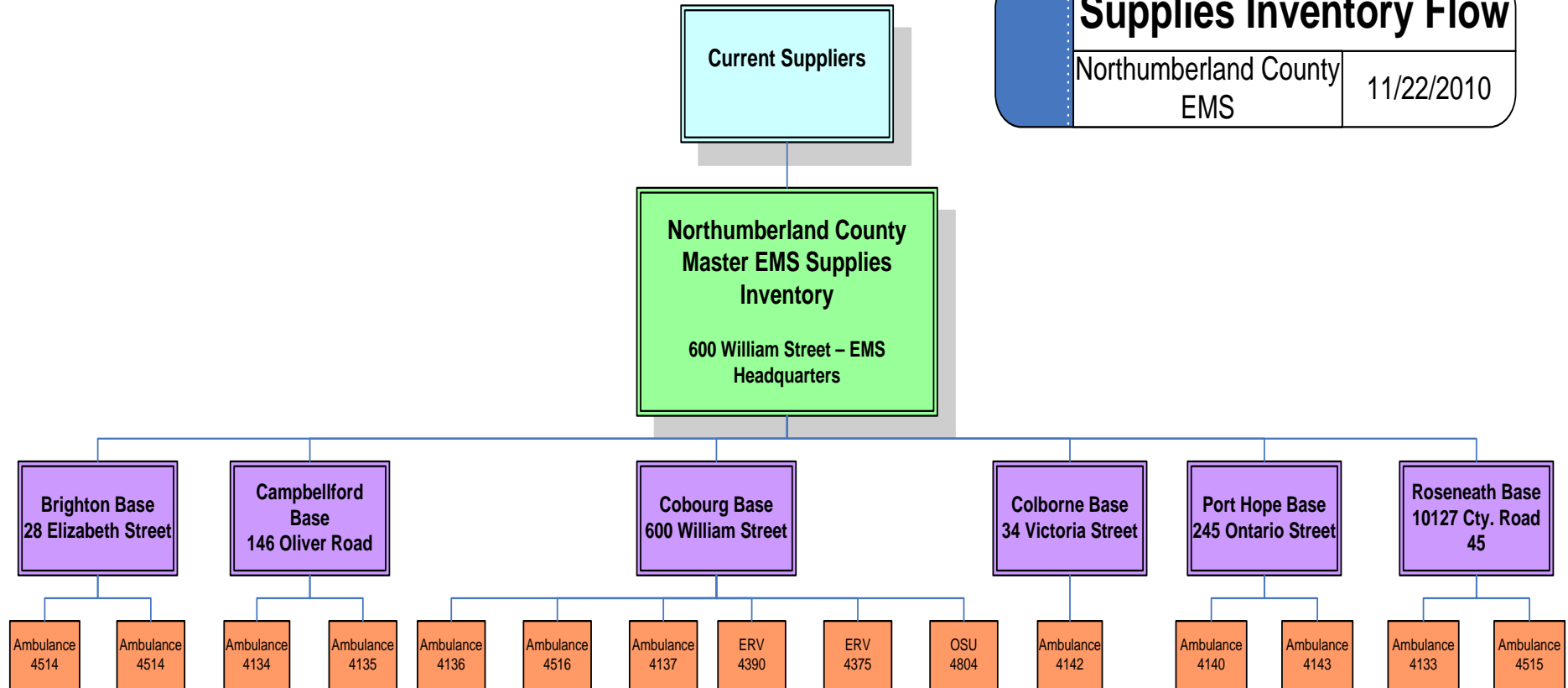
- Additionally, there will be cost savings opportunities as identified in the previous section. These cost savings will assist in offsetting the cost of the initial implementation of the inventory management system. Provided that the system is correctly configured, there would be very little ongoing costs save for necessary software upgrades and hardware replacement.

4. Recommendation

That the County of Northumberland provide \$20,000 in the 2011 Budget for the purchase of asset management software.

Appendix B

Supplies Inventory Flow	
Northumberland County EMS	11/22/2010



Appendix A - Sample of Supplies Required by EMS Operation

Airway Nasopharyngeal # 26	Glucometer Control Solution	Resuscitation Mask Non-Inflatable Cuff - Pediatric
Airway Nasopharyngeal # 28	Glucometer Lancets	Sharps Container (1.0L Yellow)
Airway Nasopharyngeal # 30	Glucometer Test Strips	Sharps Container (Rectangular Red)
Airway Nasopharyngeal # 32	Isolation Gown Reg	Sharps Container 3.0 Litre Yellow
Airway Nasopharyngeal # 34	Isolation Gown X large	Splint: Aluminum
Airway Oropharyngeal 50mm	Isolation Tyvac Hoods	Splint: Speed
Airway Oropharyngeal 55mm	IV Buret Set	Sterile Water 500 ml (irrigation)
Airway Oropharyngeal 60mm	IV Catheter 12 ga. 3"	Sterile Water 1000 ml (irrigation)
Airway Oropharyngeal 70 mm	IV Catheter 14 ga. 1-1/4"	Stethoscope
Airway Oropharyngeal 80 mm	IV Catheter 16 ga. 1-1/4"	Suction Cannister (Portable)
Airway Oropharyngeal 90 mm	IV Catheter 18 ga. 1-1/4"	Suction Cannister 1200cc (4415, 4267)
Airway Oropharyngeal 100 mm	IV Catheter 20 ga. 1-1/4"	Suction Cannister 800 cc (4137, 4173, 4136, 4134, 4142, 4143, 4140, 4133, 4135)
Airway Oropharyngeal 110 mm	IV Catheter 22 ga. 1"	Suction Catheter # 5 French
Airway Oropharyngeal 115 mm	IV Catheter 24 ga. 1"	Suction Catheter # 10 French
Alcohol Towelettes	IV I.O. Needle # 15 G	Suction Catheter # 12 French
Barbaric "S" filters (adult)	IV I.O. Needle # 18 G	Suction Catheter # 14 French
Barbaric "S" filters (pedi)	IV Macro Drip Sets	Suction Catheter # 16 French
Blanket Emerg : Foil	IV Mini Drip Sets	Suction Catheter # 18 French
Blanket Emerg : Yellow	IV Normal Saline 1000 ml	Suction Catheter Steri Cath 10 fr.
BP Cuff Automatic (Adult)	IV Normal Saline 250 ml	Suction Catheter Steri Cath 12 fr.
BP Cuff Automatic (Infant)	IV Op-Site - Tegaderm	Suction Catheter Steri Cath 14 fr.
BP Cuff Automatic (Large Adult)	IV Pressure Infusor	Suction Catheter Steri Cath 16 fr.
BP Cuff Hand Held (Adult)	IV Saline Lock	Suction Catheter, double male connector
BP Cuff Hand Held (Large Adult)	IV Tourniquet	Suction Tip : Yankaur
BP Cuff Hand Held (Infant)	King LT size 3	Suction Tip Wide Bore
BP Cuff Hand Held (Child)	King LT size 4	Suction Tubing 10 Ft.
Broselow Tape	King LT size 5	Surgi-Lube
Bulb Suction	King LT Syringe	Syringe 1.0 cc ml.
C-Backboard	Kit: Burn	Syringe 3.0 cc ml.
C-Back Board Quick Straps	Kit: OBS	Syringe 10 cc
C-Collar Adjustable (Ped,Infant)	Electrodes - Adult	Tape - 1" Hypo allergenic
C-Collar Adjustable (S,N/N,R,T)	Electrodes - Pediatric	Tape - 2" Hypo allergenic
C-Head Rolls	ZOLL Airway Adaptor	Tape 1" Cloth
Croc Block	ZOLL Paper	Tape 2" Cloth
Croc Insect Repellant	ZOLL Defib Pads - Pediatric	Tape 1" Pink
Disposable Coveralls (medium)	ZOLL Defib Pads - Adult	Tape 1" Transpore
Disposable Coveralls (large)	ZOLL SPO2 Sensor	Tape 2" Transpore
Dressing 2x2	Disposable Adult	Thermoscan Ear Probes
Dressing 4x4	ZOLL SPO2 Sensor	
	Disposable Pediatric	
	Mac Blade size 2	

Dressing Abdominal Pads	Mac Blade size 3	Threaded Lock Cannula
Dressing Band-aids	Mac Blade size 4	Triangulars
Dressing Eye Pads	McGill forceps (Adult)	Urinal Female
Dressing Kling 4 in.	McGill forceps (Child)	Urinal Male
Dressing Kling 6 in.	Miller Blade Size 0	V Vac suction
Dressing, Pressure: Large	Miller Blade Size 1	V Vac suction replacement cartridge
Dressing, Pressure: Small	Miller Blade Size 2	Bio Hazard Bags
Emesis Bags	Miller Blade Size 3	Bowl & Bathroom Cleaner
Emesis Basins	Miller Blade size 4	Deodorizer (Tropic Breeze)
ET Tube Check	Muconium Aspirator	Dish Soap
ET Tube Extenders	Mucosal Atomization Device (MAD)	Garbage Bags clear 35x50
ET Tube Holder Adult	Mucus trap w/ suction adaptor w/ #10 Fr Catheter	Garbage Bags (roll) 22x24
ET Tube Holders Pediatric	Needle 18 ga. 1-1/2"	Garbage Bags black 42.5x48
ET Tube Stylet # 6	Needle 22 ga. 1-1/2"	Glass cleaner
ET Tube Stylet #14	Needle 25 ga. 1-1/2"	Hand Sanitizer
EMT Nasal # 6.0	Opti-Chamber (For MDI Ventolin) - Adult	Hand soap (GoJo Lotion)
EMT Nasal # 7.0	Opti-Chamber (For MDI Ventolin) - Child	Hand Towel (Folded)
EMT Nasal # 8.0	Oxygen BVM (Adult)	Hand Towel (Rolled)
ETT Oral # 2.5	Oxygen BVM (Child)	Kleenex (# of boxes)
ETT Oral # 3.0	Oxygen Connecting Tubing 7 ft	Mop Head
ETT Oral # 3.5	Oxygen Mask Simple - Adultsimple type	Mop Head Handle
ETT Oral # 4.0	Oxygen Mask Simple - Pediatric	Pro-vider - Truck Wash
ETT Oral # 4.5	Oxygen Mask Nebulizer Adult	Quatro 78 Plus Disinfectant
ETT Oral # 5.0	Oxygen Mask Nebulizer Pediatric	Sparkle Glass Cleaner
ETT Oral # 5.5	Oxygen Mask NRB Adult	Spray and Wipe (Powerhouse)
ETT Oral # 6.0	Oxygen Mask NRB Pediatric	Squeegees (Floor)
ETT Oral # 7.0	Oxygen Nasal Cannula	Squeegees (Window)
ETT Oral # 8.0	Oxygen Nipple	Toilet Brush
ETT Ventolin M.D.I. Adaptor	Packs: Cold	Toilet Brush Holder
Flares	Packs: Hot	Toilet Paper (# of rolls)
Gloves Small	Paramedic Scissors (Penny Cutters)	Wash Brush
Gloves Medium	Razor (Disposable)	Wash Brush Handle
Gloves Large	Resuscitation Mask	Windshield Washer Fluid
Gloves Extra Large	Inflatable Cuff - Adult	Wypal Pink Towel Roll
Glucometer	Resuscitation Mask	
	Inflatable Cuff - Pediatric	
	Resuscitation Mask Non-Inflatable Cuff - Adult	