



Government of the District of Columbia – Department of Health
Medical Aid Station Inspection



Inspection Date: _____ Time of Inspection: _____ Level of Service: BLS ALS
 Event: _____ Medical Aid Station # _____
 Organization: _____ Permit #: _____
 Location of Inspection: _____

Staff

Name: _____ DC # _____ Exp _____ CPR _____ ACLS _____
 Name: _____ DC # _____ Exp _____ CPR _____ ACLS _____
 (List any additional staff members in the Comments block on Page 2.)

Results: Pass Fail **DO NOT OPERATE UNTIL REINSPECTED**

Crew Name: _____ Signature: _____ Date: _____
 Supervisor Name: _____ Signature: _____ Date: _____
 Inspector Name: _____ Signature: _____ Date: _____

Basic & Advanced Life Support Medical Aid Station

All Medical Aid Station	
Ventilation and Airway Equipment	Bandages/Hemorrhage Control
<input type="checkbox"/> Portable suction apparatus with a regulator	<input type="checkbox"/> Sterile burn sheets
<input type="checkbox"/> Wide-bore tubing	<input type="checkbox"/> Triangular bandages
<input type="checkbox"/> Rigid pharyngeal curved suction tip	<input type="checkbox"/> Multi-trauma dressings, ABDs, 10"x12" or larger
Flexible suction catheter	Gauze rolls, various sizes
<input type="checkbox"/> 6F to 10F <input type="checkbox"/> 12F to 16F	<input type="checkbox"/> 2-inch <input type="checkbox"/> 3-inch <input type="checkbox"/> 4-inch or other
<input type="checkbox"/> Portable oxygen tanks, not smaller than 'D' size cylinder, capable of metered flow (2)	<input type="checkbox"/> 4x4-inch gauze sponges
<input type="checkbox"/> Portable oxygen supply equipment with regulator	<input type="checkbox"/> Occlusive dressing, sterile, 3x8-inch or larger
Oxygen administration equipment	<input type="checkbox"/> Hypoallergenic adhesive tape <input type="checkbox"/> 1" <input type="checkbox"/> 2"
<input type="checkbox"/> Adequate length connecting tubing	<input type="checkbox"/> Arterial tourniquet (commercial preferred)
Transparent mask, non-rebreathing <input type="checkbox"/> Adult <input type="checkbox"/> Peds	Obstetrical Kit
Transparent mask, valveless <input type="checkbox"/> Adult <input type="checkbox"/> Peds	<input type="checkbox"/> Thermal absorbent blanket
Nasal cannulas <input type="checkbox"/> Adult <input type="checkbox"/> Peds	<input type="checkbox"/> OB Kit - Towels, 4"x4" dressing, umbilical tape, sterile scissors, bulb suction, clamps, sterile gloves, blanket
	<input type="checkbox"/> Head cover
Infection Control (Latex Free Should Be Available)	
<input type="checkbox"/> Full peripheral glasses or goggles, face shield	<input type="checkbox"/> Disinfectant solution for cleaning equipment
<input type="checkbox"/> Face protection, surgical masks	<input type="checkbox"/> Portable standard sharps containers
<input type="checkbox"/> Gloves, non-sterile	<input type="checkbox"/> Disposable trash bags for biohazardous waste
<input type="checkbox"/> Waterless hand cleanser	

Bag-Valve-Mask	Miscellaneous
<input type="checkbox"/> Bag-valve mask (manual resuscitator) hand-operated, with oxygen reservoir/accumulator	<input type="checkbox"/> Access to pediatric & adult patient care protocols (paper/electronic)
<input type="checkbox"/> Adult B-V-M (>1000 ml)	BP Cuff <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult Regular <input type="checkbox"/> Adult Large
<input type="checkbox"/> Child B-V-M (450–750 ml)	<input type="checkbox"/> Stethoscope
<input type="checkbox"/> Infant B-V-M (150 ml)	<input type="checkbox"/> Length/weight or age-based tape or reference guide
Mask, <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Neonate	<input type="checkbox"/> Thermometer with low temperature capability
<input type="checkbox"/> Nasopharyngeal airways, 16F–34F	<input type="checkbox"/> Heavy bandage or paramedic scissors
<input type="checkbox"/> Oropharyngeal airways, sizes 0–5	<input type="checkbox"/> Cold packs
<input type="checkbox"/> Pulse oximeter	<input type="checkbox"/> Triage tags (20)
<input type="checkbox"/> Adult probe <input type="checkbox"/> Pediatric probe	<input type="checkbox"/> Patient care charts/forms (or electronic capability)
Monitoring and Defibrillation	Facility Support
<input type="checkbox"/> Automated External Defibrillator (AED)	<input type="checkbox"/> Two-way communication device
<input type="checkbox"/> Adult sized pads/cables	<input type="checkbox"/> Folding Stretcher/Cot (2)
<input type="checkbox"/> Child sized pads/cables or dose attenuator	<input type="checkbox"/> Flashlights, functioning (2 – Nighttime events only)
Immobilization Devices	<input type="checkbox"/> Chairs (2)
<input type="checkbox"/> Adjustable cervical collars, OR	<input type="checkbox"/> Medical Aid Station Identification (Flag, Sign, etc)
Rigid cervical collars	<input type="checkbox"/> Aid Station Resupply Plan
<input type="checkbox"/> Child <input type="checkbox"/> Adult <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Mobile Medical Teams (If deployed)
<input type="checkbox"/> Head immobilization device	<input type="checkbox"/> Two-way communication device
Upper extremity immob devices <input type="checkbox"/> Adults <input type="checkbox"/> Peds	<input type="checkbox"/> Medical Aid Bag
Lower extremity immob devices <input type="checkbox"/> Adults <input type="checkbox"/> Peds	<input type="checkbox"/> Reflective safety wear for each team member
Comments	



***If Basic Life Support Station
STOP Inspection Here***



Advanced Life Support Medical Aid Station Inspection Continues Below

All items included in the Basic Life Support Checklist are required in Advanced Life Support Stations

ALS Medical Aid Station Only		
Airway and Ventilation Equipment	Medications	Exp Date
<input type="checkbox"/> Laryngoscope handle with extra batteries and bulbs	<input type="checkbox"/> 1:1,000 epinephrine	
<input type="checkbox"/> Laryngoscope blades, sizes 0–4, straight (Miller)	<input type="checkbox"/> 1:10,000 epinephrine	
<input type="checkbox"/> Laryngoscope blades, sizes 2–4, curved (MacIntosh)	<input type="checkbox"/> 50% dextrose solution	
<input type="checkbox"/> Endotracheal tubes, cuffed and/or uncuffed	<input type="checkbox"/> Albuterol (or other inhaled beta agonist)	
<input type="checkbox"/> 2.5 mm <input type="checkbox"/> 3.0 mm <input type="checkbox"/> 3.5 mm <input type="checkbox"/> 4.0 mm	<input type="checkbox"/> Analgesics, narcotic and nonnarcotic	
<input type="checkbox"/> 4.5 mm <input type="checkbox"/> 5.0 mm <input type="checkbox"/> 5.5 mm	<input type="checkbox"/> Antidysrhythmics (i.e. lidocaine)	
<input type="checkbox"/> Endotracheal tubes, cuffed	<input type="checkbox"/> Antiepileptic medications (i.e. diazepam)	
<input type="checkbox"/> 6.0 mm <input type="checkbox"/> 6.5 mm <input type="checkbox"/> 7.0 mm	<input type="checkbox"/> Aspirin	
<input type="checkbox"/> 7.5 mm <input type="checkbox"/> 8.0 mm	<input type="checkbox"/> Atropine	
<input type="checkbox"/> Rescue airway device (laryngeal mask, combitube)	<input type="checkbox"/> Bacteriostatic water	
<input type="checkbox"/> 10-mL non-Luerlock syringes	<input type="checkbox"/> Beta-blockers	
Stylettes for ET tubes <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric	<input type="checkbox"/> Calcium channel blockers	
Magill (Rovenstein) forceps <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric	<input type="checkbox"/> Calcium chloride	
End-tidal CO2 detection capability	<input type="checkbox"/> Furosemide (Lasix)	
<input type="checkbox"/> Colorimetric (adult and pediatric) OR	<input type="checkbox"/> Glucagon	
<input type="checkbox"/> Quantitative capnometry	<input type="checkbox"/> Ipratropium bromide	
Vascular Access	<input type="checkbox"/> Magnesium sulfate	
<input type="checkbox"/> Crystalloid solutions	<input type="checkbox"/> Naloxone hydrochloride (Narcan)	
<input type="checkbox"/> Antiseptic solution wipes	<input type="checkbox"/> Nitroglycerin (tablets or spray)	
<input type="checkbox"/> IV pole	<input type="checkbox"/> Sodium bicarbonate	
Intravenous catheters	<input type="checkbox"/> Sodium chloride for injection	
<input type="checkbox"/> 14G <input type="checkbox"/> 16G <input type="checkbox"/> 18G <input type="checkbox"/> 20G <input type="checkbox"/> 22G <input type="checkbox"/> 24G	<input type="checkbox"/> Sterile diluent or 25% dextrose solution	
Intraosseous needles or devices <input type="checkbox"/> Adults <input type="checkbox"/> Pediatric	<input type="checkbox"/> Vasopressor for infusion (i.e. dopamine)	
<input type="checkbox"/> Venous tourniquet, latex free	Other Medications Required By Event Protocol	
<input type="checkbox"/> Syringes of various sizes	<input type="checkbox"/>	
<input type="checkbox"/> Needles, various sizes	<input type="checkbox"/>	
<input type="checkbox"/> Needles, one at least 1 ½" for IM injections	<input type="checkbox"/>	
IV administration sets <input type="checkbox"/> Microdrip <input type="checkbox"/> Macro drip	<input type="checkbox"/>	
Intravenous arm boards <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric	Other Advanced Equipment	
Cardiac	<input type="checkbox"/> Nebulizer	
<input type="checkbox"/> Portable, battery-operated monitor/defibrillator	<input type="checkbox"/> Glucometer or blood glucose device with reagent strips	
<input type="checkbox"/> External pacemaker with pediatric pads & cables	<input type="checkbox"/> Large bore needle at least 3.25" in length	
Comments		

Deficiencies Noted During Inspection	Date Corrected

Health, Medical and Safety Concerns

Concerns: _____

Reference(s) (Legislation, Regulation, Policy): _____
