



**Government of the  
District of Columbia**



**Department:** Department of Health  
**Administration:** Health Emergency Preparedness and Response Administration  
**Section:** Emergency Medical Services  
**Policy Name:** Minimum Medical Aid Station Equipment Standards & Inspection Program  
**Policy Number:** 2014-0027  
**Effective Date:** 18 September 2014

**Approved By:** Dr. Brian Amy, Senior Deputy Director, HEPR   
**Applies To:** All EMS Operational Agencies  
All Special Event Organizers  
**Purpose:** Listing of the Minimum Equipment Required in Special Event Medical Aid Stations  
and the Associated Inspection Program  
**Reference:** D.C. Code 7-2341 (EMS Act of 2008)  
DCMR Title 29, Section 561  
DC DOH EMS Policy 2014-0023 (R1)  
DC DOH EMS Policy 2014-0026  
**Revision:** Original

## **Introduction**

Title 29 DC Municipal Regulations (DCMR), Section 561.6, “Medical Aid Stations shall conform to the personnel and equipment standards outlined in DOH policy.” This policy is designed to meet the requirements outlined in the DCMR.

## **American College of Surgeons Equipment Revision Update**

This policy and associated documents are based on the January 2014 revision of the American College of Surgeons (ACS) EMS equipment standard. Policy and inspection documents will be updated as the ACS releases new updated standards. This will be done on an ongoing basis.

## **District of Columbia Medical Aid Station Equipment Standard**

The Department of Health has adopted the American College of Surgeons Joint Policy Statement “Equipment for Ambulance” standard (Revised Jan 2014) as the baseline equipment standard for all EMS vehicles in the District. This standard was developed and endorsed by a number of organizations including the:

- American College of Surgeons (ACS) Committee on Trauma (COT);
- American College of Emergency Physicians (ACEP);
- National Association of EMS Physicians (NAEMSP);
- Emergency Medical Services for Children (EMSC);
- American Academy of Pediatrics (AAP);
- Emergency Nurses Associations (ENA); and

- National Association of State EMS Officials (NASEMSO).

The District standard outlined in DC-DOH EMS Policy 2014-0023 (R1) applies to all Ground-based Basic Life Support and Advanced Life Support ambulances. As Medical Aid Stations are staffed by District-certified EMS providers and interact with District-certified EMS crews, ambulances and response vehicles, it is expected that the Medical Aid Stations and Mobile Teams will be similarly equipped. This will allow a continuity of medical care among the various providers.

Attached to this policy are several documents and forms that will be utilized with the new inspection program. They include:

- DC-DOH EMS Form 2014-0027A, the new Medical Aid Station inspection form. This inspection standard will be utilized for both Basic Life Support and Advanced Life Support Medical Aid Stations; and
- DC-DOH EMS Form 2014-0023A (Revision 1), created as part of the EMS Ambulance Equipment Policy. This Gap Analysis was performed to compare the ACS standard, the previous DC-DOH standard and the new DC-DOH standard. This gap analysis should assist you in transitioning to the equipment that is now required under this new standard.

### **Provisional Certification**

If an organization's Medical Aid Station is not able to meet the standards outlined in this policy, then the organization may apply for a provisional certification to afford them adequate time to meet the standard. The request must be submitted by the organization's Medical Director and submitted to the District EMS Officer. The request must include the specific item(s) requested to be temporarily waived, a plan to correct the deficiency, and the length of time requested for the provisional certification.

### **Enforcement of the Standard**

All Medical Aid Stations that are part of an event that apply for certification on or after the effective date of this policy will need to meet the new standard unless a provisional certification has been requested and granted. Also, any unscheduled inspections after the effective date of this policy will be based on the new standard.

### **Limitations of the Standard**

This standard only applies to Medical Aid Stations that are part of a special event that is currently permitted or seeking a DCRA special event permit in the District of Columbia. Separate standards for ambulances and non-transporting emergency medical response ground vehicles have been previously released under DC DOH EMS Policy 2014-0023 (R1).

### **Discussion of the Standard**

This standard is based on the Joint Policy Statement issued by the American College of Surgeons Committee on Trauma; American College of Emergency Physicians; National Association of EMS Physicians; Emergency Medical Services for Children; American Academy of Pediatrics; National Association of State EMS Officials; and Emergency Nurses Association. This joint document is referred to as the ACS Standard.

The pediatric recommendations were developed by members of the federal Emergency Medical Services for Children (EMSC) Stakeholder Group and endorsed by the American Academy of Pediatrics (AAP). The EMSC Program has developed several performance measures for the Program's state partnership grantees. One of the performance measures evaluates the availability of essential pediatric equipment and supplies for Basic Life Support (BLS) and Advanced Life Support (ALS) patient care units. This document meets the standard for this performance measure.

For purposes of this document, the following definitions have been used: a neonate is 0 to 28 days old, an infant is 29 days to 1 year old, and a child is >1 year through 11 years old with delineation into the following developmental stages:

- Toddlers (1-3 years old) Preschoolers (3-5 years old);
- Middle Childhood (6-11 years old); and
- Adolescents (12-18 years old).

The ACS Standard was derived from a number of sources, which may be found in the reference list at the end of the Joint Policy Statement. (Note: The use of a proprietary name that is inextricably linked with its product should not be construed as an endorsement by the members of the committee that issued the joint statement or the District of Columbia Department of Health.)