

**To: ALL NJSFAC DISTRICT VICE-PRESIDENTS**  
**From: DAN SULLIVAN, 2012 NJSFAC STANDARDS CHAIRPERSON**  
**Date: January 1 , 2012**  
**Subject: 2012 INSPECTION PACKETS**

**ENCLOSED YOU WILL FIND THE 2012 INSPECTION PACKET FOR YOUR INSPECTIONS. IT WILL INCLUDE THE FOLLOWING:**

1. The Mission Statement To The Standards Committee From The Executive Board.
2. Page 1 And 2 Of The NJSFAC Ambulance Basic Equipment Check Sheet.
3. The NJSFAC Ambulance Basic Equipment List
4. Sample Letter to Squad Captains with A Fill in the Blank Format.
5. Helpful Hints Letter For the District Inspection Committee Members.
6. A Sample Copy Of the 2nd District Inspection Schedule, For Your Reference. This Was Used As A Sample to All Districts To Formulate Their Own. A Schedule Will Prevent Misunderstandings In The Future.
7. A Completion Certificate, To be sent To the Address provided On the Sheet.
8. ***Understand that The Equipment List Applies To Any And All Rescue Vehicles That Have the Ability to Transport Patients.***

These Materials Are Provided To Assist You In Doing Your Inspections. **If You Have Other Materials That You Use To Do Your Inspections, Please Feel Free To Use Them.** The only form that is required to be returned is the **completion certificate and a copy of the checklist** to the address provided. The President has charged district Vice Presidents To Complete This Requirement. You May Have Other People Assist You But The Responsibility Remains With You.

**It Is the Responsibility of the District to reproduce this packet for the Use within The District.**

All Inspections Should Be Completed No Later Than **15 September 2012.**

All District Vice - Presidents Are Responsible For Insuring That The Standards Inspections Are Completed In A Timely Manner.

*Any Questions Should Be referred to:*

**Dan Sullivan 405 Victor St. Scotch Plains NJ. 07076-1916**

**Telephone Number: Home - (908) 889 - 5428**

**Email – njsfacstandards@gmail.com**

**Issued 1-6-2012**

# NEW JERSEY STATE FIRST AID COUNCIL

## DISTRICT 2012 STANDARDS COMMITTEE

Dear Squad Captain:

The purpose of this letter is to introduce the District's 2012 Standards Committee members, our purpose and what the role of your squad will need to be.

The purpose of the standards committee is to help the district monitor its member squads adherence to established state standards. In addition, the committee will be able to note areas that need to improve and serve as a liaison between the member squads and the district's executive board. The standards committee is not judging any squad, but rather is there to help all squads meet the same basic level of equipment and membership criteria.

Attached, you will find the following: 1) listing of committee members; 2) inspection schedule; 3) blank copies of inspection worksheets; 4) tips to help your inspection run smoothly.

There are items that are listed as critical which must be present to pass inspection.

*A Passing Score For Equipment Is If 90% Of All Required Equipment Is Present*

Squads can be allowed to replace equipment on the rig with spare or replacement equipment on the spot. Removed equipment MUST be repaired before returning them to service.

*A Passing Score For Training Records Is If At Least 90% Of All Personnel Listed On Roster Have All Their Records Photocopied Or On A Computer And The Dates Of Expiration Is As Of The Date You Inspected Or Later. Records will be subject to inspection by the District Standards committee at their request. If They Have Their Records On A Computer The Captain And President Must Sign The Training Certification Listed Below.*

Should you have any questions, or be in need of additional information, please feel free to contact me at ( ) - . Thank you in advance for your time and anticipated cooperation.

Sincerely yours,

District Committee Chairperson

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# NEW JERSEY STATE FIRST AID COUNCIL

## STANDARDS COMMITTEE

### HELPFUL TIPS

1. Read the committee review forms at least two weeks prior to your inspection, and take any necessary measures to meet standards.
2. Confirm your inspection date at least one week prior, with your assigned committee member.
3. Ensure that all cards are photocopied and physically in your members personnel file for inspection.
4. If captain is not present for the inspection, make sure that their designee has access to all necessary files.
5. Confirm that the district secretary has your membership rosters, so that the copies can be given to committee members.
6. Call the committee chairperson if there are any problems.
7. Remember the committee's purpose to achieve a minimum standard not to catch someone doing something wrong.
8. Re-read the tips two days prior to inspection.
9. Understand that the equipment list applies to any and all rescue vehicles that have the ability to transport patients.
10. Be committed to reaching the highest standards possible for the NJSFAC.

**NEW JERSEY STATE FIRST AID COUNCIL**  
**2012 Standards Committee Of The 2nd District**

**INSPECTION SCHEDULE**

<b><u>SQUAD</u></b>	<b><u>DATE *</u></b>
Berkeley Heights	May 10
Clark	May 17
Cranford	May 10
Fanwood	May 17
Garwood	June 6
Ironbound	May 31
Kenilworth	May 17
Merck	May 24
Millburn - Short Hills	May 17
Mountainside	May 10
New Providence	July 17
Roselle Park	June 6
Scotch Plains	May 10
Springfield	May 10
Summit	May 31
Union	May 17
Westfield	May 10
Winfield	June 6
Watchung	June 21

\* Dates denote the beginning of the week that the inspection will take place.  
The committee member will call the captain to arrange a specific day and time.

**SAMPLE SCHEDULE**

# NJSFAC BASIC AMBULANCE EQUIPMENT LIST

## 2012 Minimum Required Equipment

*The Equipment List Applies To Any And All Rescue Vehicles That Have the Ability to Transport Patients.*

### OXYGEN EQUIPMENT

Installed system: at least 3000 liter capacity equipped with regulator, securely mounted - **Critical**; system equipped with a flow meter capable of being adjusted from 0 to 15 LPM (the measured flow rated shall be  $\pm$  10% of value indicated by the test equipment) - **Critical**; system equipped to accept universal 15/22 mm fittings.

Portable system: of at least 300 liter capacity - **Critical**;

wrench or handle affixed or chained to each system;

each system has a minimum of one regulator set at 50 psi and a flowmeter - **Critical**;

portable flowmeter non-gravity dependent - **Critical**;

one spare 300 liter capacity cylinder - **Critical**.

Each single service type oxygen cylinder(s) contains only medical grade oxygen; color-coded green; current hydrostatic test date (HST), within 5 years, 10 years if starred "\*"; each cylinder tagged - **Critical**.

### Delivery Devices

Three adult & three infant / Child size masks (semi-open, non-rebreathing type), two nasal cannulas, and 2 - O<sub>2</sub> supply tubing - **Critical**;

Transparent, domed face masks: one each, adult large and adult medium; one each, child and infant sizes - **Critical**.

Oropharyngeal airways - one complete set - infant thru adult sizes (Size0-5), single service type - **Critical**;

Nasopharyngeal Airways - 1 Set Various Sizes (18fr to34fr / 4.5 to 8.5mm) - **Critical**;

Adult (BVM) Bag Valve Mask resuscitator having a bag volume of 1700 cc and capable of a deflate/refill rate of 25 per minute, equipped with true non-rebreathing valve - **Critical**;

Child (BVM) Bag Valve Mask resuscitator having a bag volume of 770 to 750 cc and capable of a deflate/refill rate of 40 per minute, equipped with a true non-rebreathing valve - **Critical**;

Infant (BVM) Bag Valve Mask resuscitator having a bag volume of 450 cc and capable of a deflate/refill rate of 50 per minute, equipped with a true non-rebreathing valve - **Critical**;

**Please note that a bag that has been marked by the manufacturer as "Infant / Child" is an acceptable substitution for the child and infant.**

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## SUCTION EQUIPMENT

Must have battery powered, portable unit capable of –400mm HG pressure and a MINIMUM of 22 liters per minute flow rate. NON - KINKING TUBING, SEMI RIGID TIP & FLEXIBLE CATHETERS, RINSING WATER BOTTLE - **Critical.**

**Hand powered suction devices are not a substitute for a portable suction units.**

On-board Suction: CAPABLE OF –400MM HG PRESSURE AND A MINIMUM OF 22 LITERS PER MINUTE FLOW RATE, 12 volt powered, EASY ACCESS TO PATIENT, NON - KINKING TUBING, SEMI RIGID TIP & FLEXIBLE CATHETERS, RINSING WATER BOTTLE.

## PATIENT LITTER AND TRANSPORT DEVICES

Wheeled litter capable of being adjusted from a flat to a semi-seated position, adjustable height, equipped with patient securing devices (i.e. Velcro straps, quick release straps, etc.) & a two inch thick mattress, pillow & case, and sheet. The wheeled litter fastener shall be certified by the manufacturer to be used in moving emergency vehicles - **Critical.**

Portable stretcher with patient securing devices (may be combination stretcher / stair chair or Reeves).

Stair chair with patient securing devices (may be a combination stretcher / stair chair).

Each litter and stretcher has three sets of restraints. Each stair chair has two sets of restraints. Each restraint must have two inch minimum width, and quick release buckles, (reeves can have different buckles).

Commercially manufactured Ambulance Infant/Child Restraint - **Critical.**

## SPINE BOARDS, ORTHOPEDIC LITTER AND SPLINTS

Long Board – Made of non permeable material, 72 by 16-18 inches, strap holes, full length runners - **Critical**.

Short spine board - 32-34 inches by 16-18 inches, strap holes, or alternate upper spinal immobilization device with securing devices to provide immobilization of the spine and head (KED, etc) - **Critical**.

Four spine board straps, each two inches wide minimum, with quick release buckles;

Head immobilizer (CID), one for each backboard - **Critical**.

Six padded board splints assorted sizes adequate to immobilize any extremity on adult or infant /Child - three inches wide. Two each: 15 inches, 36 inches and 54 inches long.

Rigid extrication collars: one of each size infant through adult, adjustable collars are allowed - **Critical**.

Traction splint - half ring or ischial type, one adult and one child, with straps and associated equipment.

### Defibrillators

Defibrillator - **Critical**, unit has been output verified by Mfg. or Independent Biomedical Equip. Repair Agency within 1 year or as specified by the equipment manufacturer; unit passes startup self test; cables are intact without cracks.

### Infection Control

Surgical Masks - **Critical**,

Eye Protection: surgical masks with eye shields or safety glasses w/ side shields - **Critical**,

Gloves, non-latex should also be available -**Critical**,

Skin Disinfectant -**Critical**,

Equipment Disinfectant Product – **Critical**,

N-95 Respiratory Masks – **Critical**.

## MISCELLANEOUS PATIENT CARE EQUIPMENT

Pediatric sized equipment for Infant & Youth to treat respiratory, cardiac, and trauma patients.

Assorted Sterile Wound / Trauma Dressings Bottles of Sterile Water (Current Exp. Date)

Bottles of Sterile Saline (Current Exp. Date) Sterile Lubricant (KY, Surgilube, etc.)

6 cold packs

Four 1 oz tubes of glucose

4 paper bags

Penlight or flashlight

Ring Cutter

Bandage / Trauma Scissors

Four sheets

Four blankets 60 by 80 inches

Three pillow and pillow cases

Towels

Box of plastic locking bags

NJ Disaster Triage tag, 25 min. - **Critical**

Bee sting swabs - minimum of 6

Adhesive tape

Conforming roller gauze

Triangular bandages (cravats) - minimum of 12

Sterile OB kit, listed contents

sterile occlusive dressing

Burn kit

Trauma / Jump kit with various First Aid supplies

NJ EMSC -Pediatric Reference sheet- **Critical**

Diaphragm type Stethoscope- **Critical**

Sphygmomanometer with adult, child, and infant size cuffs - **Critical**.

***If equipment is in first aid or jump kit and not in patient care compartment it must be accessible from the patient care compartment.***

## SUGGESTED OPTIONAL MISCELLANEOUS SUPPLIES AND EQUIPMENT

Additional rigid extrication collars

Unpadded board splints

Various size wound dressings

Ammonia inhalants

Disaster Trunk

Extra Non Rebreather pocket masks

Orthopedic litter (scoop) with patient securing devices (72 inches by 16 inches)

Binoculars.

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## GENERAL VEHICLE STANDARDS

Valid Motor Vehicle Registration -**Critical**,

Current Motor Vehicle Inspection Sticker –**Critical**,

Valid NJ insurance certificate – **Critical**,

Current DOT Emergency Response Guidebook.

Emergency Lights are Operational -**Critical**. Lights visible and operational 360 degrees around vehicle; siren operational.

All seats have safety belts/restraints– **Critical**.

Glazing free of cracks, sharp edges and discoloration; heater/ A/C provides heat/cooling throughout vehicle; exteriors, doors, windows and gaskets are in good condition.

Vehicle recognition number on each side and rear - each 3" high.

"No Smoking" sign in patient compartment.

These words (or abbreviations) do NOT appear: "Coronary Care", "Special Care", "Intensive Care", "Mobile Intensive Care", "Paramedic", (Mobile Intensive Care or Paramedic may appear if vehicle operated as state approved MICU).

NJ Emergency Medical Services for Children Pediatric Reference sheet (available thru NJDOHSS or NJSFAC Standards Committee) mounted or placed into quick reference book. – **Critical**.

## STANDARD SAFETY EQUIPMENT

Hammer, Assort. Screwdrivers & Pliers,

Center Punch (Glass Hammer), Seat Belt Cutter,

Prying Lever (Crow bar, Haligan, etc),

Hack Saw With Extra Blades,

Wheel Chocks,

Hand Held Light, one flashlight, two D cell size or larger.

50-100 Ft. Rope (Can be Water Rescue Rope Bag),

Heavy Duty Work Type Gloves - **Critical**,

Three portable red emergency warning devices (i.e.; flares, triangles)

Hard Hats / Goggles (Eye Protection), enough for normal crew number - **Critical**.

One or two fire extinguishers, UL rated - one for electrical and one for engine fires, or one **ABC** Combination extinguisher is acceptable: 5 lb. minimum, current inspection tags - **Critical**.

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## Communications Equipment

Radio communications to dispatch Center - **Critical**,

Frequencies ID'd either by list near radio or alpha ID'd in radio - **Critical**.

Radios with **JEMS 1, 2, 3, 4** (Radios MUST have displays that ID Channel's or have Printed list of FREQUENCY'S next to radio -VERIFY OPERATION ) **Critical**.

**New Jersey Interoperability Communications System Statewide and Regional Frequencies-**  
UCALL, UTAC Channels 1 thru 6 , VCALL, VTAC Channels 1 thru 4

# NEW JERSEY STATE FIRST AID COUNCIL

## STANDARDS COMMITTEE

### MISSION STATEMENT

**PURPOSE:** The purpose of the Standards Committee is to enable Districts to help squads in their membership to meet the training and equipment requirements of the Council.

**GOAL:** To provide the highest quality of trained volunteer personnel and equipment in answering basic life support first aid calls in the State of New Jersey.

**OBJECTIVES:** Identify any insufficient areas of training in the District. Offer aid to help eliminate the problems. Encourage squads to meet the required standards. Report findings to Districts if any action is needed for compliance.

**COMPOSITION:** The committee of each district, shall consist of five members. The District Vice President, who shall chair the committee; a District officer, preferable the Chairperson, or Vice Chairman; three elected Delegates, with one slot being filled with the most tenured Delegate who will agree to serve. The District Chairperson will be responsible for the appointment of the Committee annually. It is strongly recommended that all appointees have full training certifications.

**DUTIES:** The Committee will meet with the squad captains or president at least once, preferable twice, yearly for purposes of ascertaining that the members answering first aid calls are trained to the level of Council Standards, that basic equipment is carried and maintained. Results of that inspection shall be reported to the NJSFAC Standards Committee. If a squad is found to be deficient, the Committee will ask that the squad comply within sixty days, or arrive at a mutually agreed upon plan for the squad to meet compliance. Members who do not have full certification must be removed from the "Unsupervised Duty Roster," and are not permitted to answer any calls unless under the direct supervision of a fully trained EMT who will be responsible for that person or persons. Results of all meetings will be reported to the Area Vice President and the NJSFAC Standards Committee Chairperson, and the NJSFAC Mobilization Committee Chairperson by the District Vice- President, but not to the District at this time. If after the 60 days or agreed upon time has elapsed, the committee will then report the problem to the District at a regularly scheduled meeting. The District will then attempt to help the squad attain compliance by meeting with the leadership of the squad and asking for compliance and offering possible help or suggested solutions to help remedy the problem. If this fails and after consultation with the Area Executive Vice President, it shall be the responsibility of the committee to enact the provisions contained in Article VIII of the by-laws of the New Jersey State First Aid Council.

*Districts that have need for a larger committee will be granted permission to make additional appointments upon request to their Area Vice President.*

NEW JERSEY STATE FIRST AID COUNCIL

STANDARDS COMMITTEE 2012 STANDARDS INSPECTION COMPLETION CERTIFICATE

DATE INSPECTION COMPLETED: \_\_\_\_\_

SQUAD NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

AREA: N C S DISTRICT: \_\_\_\_\_

NJSFAC Inspection Decal #: Rig 1 \_\_\_\_\_ Decal #: Rig 2 \_\_\_\_\_ Decal #: Rig 3 \_\_\_\_\_

Decal #: Rig 4 \_\_\_\_\_ Decal #: Rig 5 \_\_\_\_\_ Decal #: Rig 6 \_\_\_\_\_ Decal #: Rig 7 \_\_\_\_\_

Decal #: Rig 8 \_\_\_\_\_ Decal #: Rig 9 \_\_\_\_\_ Decal #: Rig 10 \_\_\_\_\_ Decal #: Rig 11 \_\_\_\_\_

**I CERTIFY THAT I INSPECTED THIS SQUAD IN ACCORDANCE WITH NEW JERSEY STATE FIRST AID COUNCIL STANDARDS REQUIREMENTS FOR 2012.**

PERSON WHO INSPECTED SQUAD: \_\_\_\_\_

INSPECTOR'S SQUAD AFFILIATION : \_\_\_\_\_ TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_

DID THE SQUAD PASS THE INITIAL INSPECTION? YES NO

IF NO, SCHEDULED REINSPECTION DATE: \_\_\_\_\_

NOTES:

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PLEASE PRINT ALL INFORMATION LEGIBLY

RETURN FORMS TO:

DANIEL SULLIVAN, 405 VICTOR STREET, SCOTCH PLAINS, NJ 07076-1916

ATTN.: 2012 STANDARDS COMMITTEE - NJSFAC

