



PENNSYLVANIA EMERGENCY
HEALTH SERVICES COUNCIL
Your Voice In EMS

RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: June 14, 2017

Subject: Changes to ALS Required Equipment List

VTR#: 0617-03

Committee/Task Force: Medical Advisory

☐ Recommended Goal

☒ Recommended Policy Change

☐ Other:

Recommendation:

The Pennsylvania Department of Health should consider amending the list of required equipment and supplies by removing the "cricothyrotomy set" for all types of advanced life support vehicles.

Rationale [Background]:

This is a low frequency, complex skill that some agency medical directors believe is not necessary for their agency's practice setting. The advent of supraglottic airways has effectively moved cricothyrotomy to a third-line method of securing an advanced airway. Moving this skill to an "optional status" provides the medical director with the flexibility to make a decision on what is appropriate from their agency.

Medical Review [Concerns]:

This recommendation is offered and has been reviewed by the MAC.

Fiscal Concerns:

For agencies whose medical directors choose not to maintain a cricothyrotomy set on board the ALS unit(s), a small amount of savings could be realized from reduced skill maintenance/verification time and replacement of expired sterile supplies.

Educational Concerns:

None

Plan of Implementation:

Upon acceptance of this recommendation, the Department should include this change in the next publication of the list of required EMS equipment and supplies.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

None.

Signed: J. David Jones
President

Date 7-13-17

For PEHSC Use Only – PA Department of Health Response

Accept: _____

Table: _____

Modify: _____

Reject: _____

Comments:

Date of Department Response: _____