



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: \_\_\_\_\_

Date \_\_\_\_\_

President

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For PEHSC Use Only – PA Department of Health Response

Accept: \_\_\_\_\_

Table: \_\_\_\_\_

Modify: \_\_\_\_\_

Reject: \_\_\_\_\_

Comments:

Date of Department Response: \_\_\_\_\_