

	<b>Policies &amp; Procedures</b> <b>Tri-Town Emergency Medical Service</b>			
	<b>Title:</b> <b>Pre-Requisite Protocol: Surgical Cricothyrotomy</b>			
	<b>Policy No.</b> 2-020	<b>Original Adoption Date</b> March 9, 2016	<b>Revision – No. &amp; Dates</b>	<b>Page No.</b> Page 1 of 4

## Section 1.0: Purpose

The purpose of this policy is to ensure compliance with the New Hampshire Department of Safety, Bureau of Emergency Medical Service, requirements for adoption of the pre-requisite protocol 7.4 Surgical Cricothyrotomy Bougie Assisted, by Tri-Town Emergency Medical Service (hereafter “Tri-Town EMS”).

## Section 2.0: Affected Employees

Tri-Town EMS Paramedics

## Section 3.0: Definitions

**3.1 “Bougie”** is an Endotracheal Tube (ETT) introducer that is placed in a patient’s airway and the ETT is slide over it to place the ETT in the appropriate location.

**3.2 “Cricothyrotomy”** is an incision made through the skin and cricothyroid membrane to establish a patent airway during certain life-threatening situations.

**3.3 “Prerequisite”** means the education or demonstrated proficiency required as a prior condition to performing select skills or procedures contained in the standardized protocols issued by the emergency medical services medical control board.

## Section 4.0: Policy

### 4.1 Pre-Requisites.

- A. Only current New Hampshire EMS licensed Paramedics will be considered for approval for performing a Bougie Assisted Surgical Cricothyrotomy
- B. Paramedics must complete an initial training provided by the Service’s Medical Resource Hospital, Concord Hospital within six (6) month of being considered.
- C. Paramedics must complete the Service training on Surgical Cricothyrotomy. **NO OTHER AGENCY TRAINING WILL BE ACCEPTED.** Training is specific to Tri-Town EMS’ supplies and equipment for Surgical Cricothyrotomy.

### 4.2 Approval Process.

- A. All pre-requisites delineated in §4.1 shall be documented
- B. Paramedic acknowledges and agrees to the on-going training requirements set forth by the Service.

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- C. Paramedic is recommended by the Service Director and/or Assistant Director who is functioning in the role of Clinical Coordinator.
- D. The Service’s Medical Director is asked to consider the Paramedic for inclusion in the Service’s permission to utilize the Surgical Cricothyrotomy Protocol.
- E. Upon the Service’s Medical Director’s approval, the Service will provide written (may be electronic) notification to the New Hampshire Bureau of Emergency Medical Service of the Paramedic’s approval to utilize the Surgical Cricothyrotomy Protocol.

#### 4.3 On-Going Training Requirements

- A. Each Service Paramedic who has permission to perform a Bougie Assisted Surgical Cricothyrotomy is to complete, on a monthly basis, a self-directed Bougie Assisted Surgical Cricothyrotomy on a training mannequin and document the training. This shall be considered an addition to the Paramedics normal, on-shift assignments.
- B. Every three (3) months, each Service Paramedic who has permission to perform a Bougie Assisted Surgical Cricothyrotomy is to complete an associated competency in the presence of the Service Director or Assistant Director.
  - 1. The Service will not accept other agencies competencies in-lieu-of the Service’s Competencies.
  - 2. Failure to adequately perform the skill may result in the Paramedic’s approval being revoked.
    - i. Paramedics will be allotted two (2) attempts to successfully perform the skill.
    - ii. To successfully perform the skill, the Paramedic will complete each step in the process as delineated on the NH EMS Surgical Cricothyrotomy Skill Sheet.
    - iii. Paramedics will only be allotted one (1) failure of one (1) attempt, in the course of a rolling year.
- C. Other trainings as deemed necessary by the Service Director and/or Assistant Director.
- D. Other trainings as required by the Service’s Medical Director, Medical Resource Hospital and/or the New Hampshire Bureau of Emergency Medical Service.
- E. Failure to meet the on-going training requirements will result in the Paramedic’s permission to perform the Bougie Assisted Surgical Cricothyrotomy being revoked.
  - 1. Once permission has been revoked, the Paramedic will be required to complete all the pre-requisites steps again.

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2. The Service will notify the Service’s Medical Director and the New Hampshire Bureau of Emergency Medical Service when a Paramedic’s permission to perform a Bougie Assisted Cricothyrotomy has been revoked.

#### **4.4 Mandatory Reporting (Skill Performed on a Patient)**

- A. The performing Paramedics **MUST** accompany the patient to the Hospital, regardless of Service affiliation.
- B. The procedure **MUST** be documented in the Patient Care Report in the “Procedures” Section
- C. The procedure **MUST** be documented in the Narrative section of the Patient Care Report identifying the following:
  1. Indications to perform the Surgical Cricothyrotomy.
  2. Use of the Bougie
  3. Size of the ETT used
  4. Depth of the ETT at the SKIN level.
  5. Lungs Sounds post ETT placement.
  6. Inflation of the ETT cuff.
  7. Securing of the ETT.
  8. Use of Wave Form Capnography, the wave form and etCO2 level.
  9. Any complications that resulted from the attempt.
  10. If the attempt was successful or unsuccessful.
- D. The procedure **MUST** be reported in writing within twenty-four (24) hours to the Director or Assistant Director.
- E. The Director or Assistant Director will notify the Service’s Medical Director and the New Hampshire Bureau of Emergency Medical Service.

#### **4.5 Review Process**

All attempts to perform a Bougie Assisted Surgical Cricothyrotomy will be reviewed and discussed by the Assistant Director acting in the role of Clinical Coordinator, the Service’s Medical Director and the Paramedic who performed the procedure.

### **Section 5.0: Implementation**

To facilitate conduct in accordance with this policy, a copy of this policy shall be made available to all employees and at such other times as may be necessary.

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## Section 6.0: Signatures

	Position	Signature	Date
<b>Policy Prepared By:</b> Christopher Gamache	Service Director		
Dr. David Hirsch	Medical Director		
<b>Policy Reviewed &amp; Approved by:</b> Shaun Mulholland	Chairman – Board of Directors		

## Section 7.0: Policy & Procedure Revision History

	Section	Changes Made	Approvals	
			By	Date
Original Adoption	n/a	n/a	TTBOD	3/9/16

## REFERENCES:

SECTION & SECTION NAME	REFERENCE
§3.3 Prerequisite	New Hampshire RSA 153:A-2 XVI (a) <i>“Prerequisite”</i>
§4.0 POLICY	New Hampshire Department of Safety Administrative Rule Saf-C 5922.01 (d) <i>“Procedures”</i>
§4.0 POLICY	New Hampshire Bureau of Emergency Medical Service Patient Care Protocols, March 2015; §7.4 <i>“Surgical Cricothyrotomy Bougie Assisted – ADULT”</i>
§4.0 POLICY	Commission on Accreditation of Ambulance Service (CAAS) standard 201.01.01, <i>“Medical Direction”</i>
§4.3 On Going Training Requirements	Commission on Accreditation of Ambulance Service (CAAS) standard 106.06.02, <i>“Ongoing Training”</i>
§4.3 On Going Training Requirements	Commission on Accreditation of Ambulance Service (CAAS) standard 106.06.03, <i>“Continuing Medical Education”</i>
§4.4 Mandatory Reporting	Commission on Accreditation of Ambulance Service (CAAS) standard 101.02.02, <i>“External Reporting”</i>
§4.4 Mandatory Reporting §4.5 Review Process	Commission on Accreditation of Ambulance Service (CAAS) standard 201.06.01, <i>“Performance Improvement Program”</i>

*This policy shall supersede any previous or similar policy covering the same material. Failure to follow a service policy or procedure may result in disciplinary action, up to and including termination.*