Loudoun County Emergency Medical Services Advisory Council, Inc.

Advanced Life Support Policy/Procedure #16

Needle Thoracostomy
(Chest Decompression)

Origin: 10/98
Revision: 04/02

1. PARTICIPANT ELIGIBILITY

A. Be a Virginia certified EMT-CT/I/P authorized by the Operational Medical Director to practice in Loudoun County.

B. Training in Needle Thoracostomy (Chest Decompression) will be conducted during basic EMT-CT/I/P courses and EMT-CT/I/P Refresher Classes sponsored by the Loudoun County EMS Advisory Council, Inc., or the ALS Challenge Prep Class sponsored by the ALS Committee.

1. All personnel will satisfy the following criteria:

a. Demonstrate adequate knowledge and satisfactory skill performance during testing.

C. Satisfy ongoing "SKILL MAINTENANCE REQUIREMENTS" as described in this policy.

2. SKILL MAINTENANCE REQUIREMENTS

A. All personnel authorized to perform Needle Thoracostomy must document the completion of one (1) procedure during each six (6) month reporting period. These reporting periods are defined as January – June and July – December.

B. Record of a Needle Thoracostomy having been performed must be submitted to the provider's ALS Agency Chief or designee so as to ensure that the established deadlines for reporting are met. Semi-annual reports must be received by the Loudoun County Fire-Rescue EMS Training Division by the 15th day of January (July – December report) or the 15th day of July (January – June report).

C. A Needle Thoracostomy may be a field or hospital attempt or those performed during skill practice sessions in a manner endorsed by the ALS Committee and approved by the Operational Medical Director.

D. Documentation of field Needle Thoracostomy efforts must include the Incident Number of the run on the Semi-Annual Report Form (see Appendix). Evidence of performance during practice sessions must be confirmed with the signature of the person authorized to observe the procedure. Persons authorized to observe and "certify" practice Needle Thoracostomy performance include all LHC ED Physicians and EMT-CT/I/P preceptors.

E. If a record of one (1) Needle Thoracostomy "procedure" is not received by the 15th day of January or July, the Operational Medical Director will suspend the delinquent provider from ALS practice in Loudoun County. The provider's ALS Agency Chief will be notified of the suspension.

If the suspension is in effect for ninety (90) days or less, deficiencies can be corrected in a practice session observed by a LHC ED Physician or EMT-CT/I/P preceptor.

If the suspension is in effect for more than ninety (90) days, deficiencies must be corrected through supervised training as specified by the Operational Medical Director. Ongoing suspension may result in permanent loss of ALS privileges in Loudoun County.

3. **AUTHORIZATION FOR USE**

A. Authorization to perform Needle Thoracostomy is granted to EMT-CT/I/P personnel meeting all criteria documented in the "PARTICIPANT ELIGIBILITY" and "SKILL MAINTENANCE REQUIREMENTS" sections of this policy.

B. Improper use of Needle Thoracostomy will be brought to the attention of the Operational Medical Director, who will pursue corrective action with the involved provider's ALS Agency Chief, in concert with General Directive #1.

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Donald A. Sabella, MD, OMD

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Leo C. Kelly, PA, LCEMSAC