

**Suffolk Regional Emergency Medical Services Advanced Life Support
RAPID SEQUENCE INTUBATION PROGRAM**

I. Overview

Rapid Sequence Intubation has been used in the hospital setting for years to help provide the highest possible intubation success rate for patients undergoing emergent intubation. Its use in the pre-hospital setting has been the subject of significant research and controversy, therefore the program is established after a review of the medical literature and best practices existing in other parts of the country. The Rapid Sequence Intubation (RSI) Program (RSI Program) exists to provide RSI services in Suffolk County EMS System in a safe and controlled manner. *It is important to recognize that the successful performance of an RSI procedure does not imply appropriateness of the procedure.*

II. Authorization/RSI Task Force

The program is authorized by Suffolk County Regional Emergency Medical Advisory Committee (SCREMAC) and overseen by the Regional EMS Medical Director, the SCREMAC Quality Assurance (QA) Sub-Committee, the SCREMAC Protocol Sub-Committee and agency medical director. As such, the RSI Program is a regional program. Regional oversight is the authority of The RSI Task Force and will be referred to as the Task Force (TF) throughout this document.

The TF shall be responsible for review of agency and provider applications, provider credentialing, QA and maintenance of certification. The TF shall identify an RSI medical director who is responsible for TF coordination. Members of the TF shall include: SCREMAC Chair, Suffolk County EMS System Medical Director (SCEMSMD), Suffolk County EMS Chief of Training (SCEMSCOT), 2-3 physician members of SCREMAC, 1-2 authorized paramedics. The agency medical director is authorized by SCREMAC in conjunction with the TF to supervise implementation, quality assurance, and continuing education requirements of the RSI Program. The TF shall meet bi-monthly to review agency and provider applications, review QA data, and identify maintenance of certification activities. The TF shall report bi-monthly to REMAC.

Individuals and agencies provide RSI as an added service under the oversight of the TF, the SCEMSMD and agency medical director. Failure to follow these regulations will lead to the penalties described in this policy, including revocation of RSI credentials for the paramedic and/or the agency.

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III. Medical Care

This policy does not define the manner in which the RSI procedure is performed. The “RSI Protocol”, as defined in the most recent edition of the Suffolk County Regional EMS System Standards of Care, shall be the sole authority on how such a procedure is performed in the pre-hospital setting. Both the RSI Protocol and RSI Policy and Procedure here are to be used ONLY by individuals currently credentialed as an RSI-Paramedic while working for an RSI authorized agency.

IV. Credentialing Requirements

A. RSI Agency

An RSI Agency is one that maintains the following criteria:

1. Has unrestricted authorizations from the NY State Department of Health and the Suffolk County REMAC to provide Advanced Life Support care.
2. Has unrestricted authorization from the NY State Department of Health to carry and administer controlled substances to patients.
3. Has agreed to abide by the RSI Protocol and the RSI policies and Procedures approved by the SCREMAC, including agreeing to provide the RSI Paramedic the proper medications and equipment as detailed in the protocol and following all QA requirements as detailed in this Policy.
4. Has agreed to make RSI Paramedics available to all EMS agencies (i.e. outside their home district at all times when in service) in the region when RSI skills may be required.
5. Complete an application and attestation statement agreeing to program requirements.
6. Has been approved by the SCREMAC to provide RSI.
7. Participating in the RSI Program is equivalent to agreeing these criteria.

B. RSI Paramedic

An RSI Paramedic is an individual who is credentialed to provide RSI services to patients in the Suffolk County EMS Region. The following credentialing process occurs at the level of the Suffolk County Region. RSI Agencies can and are encouraged to create their own clearance process for RSI Paramedics. However, no paramedics can provide RSI services at any agency if they are not credentialed at the regional level. To act as an RSI Paramedic, the individual must

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practice with an agency authorized to provide RSI care. *Thus, an RSI Paramedic practicing with an agency that does not provide RSI services cannot perform RSI on a patient.* The RSI Agency is responsible for any costs required for maintaining their credentialing.

C. Credentialing Process

1. Initial Credentialing

The following are required to be considered for practice as an RSI Paramedic:

- i. Active practice as a paramedic for a minimum of five years, and one year in the Suffolk County System.
- ii. 12 documented successful endotracheal intubations over the previous 5 years, waivers may be granted for extenuating circumstances when written documentation is not possible.
- iii. Be in good standing with Suffolk County ALS Program with the knowledge of previous restrictions within the past five years.
- iv. Have a letter of recommendation from the Agency ALS Chief;
- v. Have a letter of support from the Agency Medical Director;
- vi. Have a current NY State Paramedic certification;
- vii. Have a current ACLS certification;
- viii. Have a current PALS/PEPP certification;
- ix. Work an average of 32 (thirty-two) hours a week in a 911 system, waivers may be granted for extenuating circumstances for past not current work experience;
- x. Has a current certification in a nationally recognized difficult airway course, approved by the RSI Task Force.
- xi. Must pass an oral and written scenario including successfully completing a skill sheet evaluation in intubation and rescue device approved by RSI TF prior to receiving privileges. A New York State Certified Instructor Coordinator (CIC) approved by the TF, the chair of the RSI TF and the system medical director (RSI Field Training Officer or RSIFTO) and/or, RSI Task Force physician members can administer the practical testing.

A formal application for entry into the RSI Program will be available through the Suffolk County Department of Health EMS Division and must be completed prior to consideration. The RSI TF will review all RSI applicants. Providers will be considered for enrollment in the program based

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upon their quality of clinical care, the thoroughness and accuracy of their documentation, and their procedural and clinical competency. The RSI Task Force may request documentation from the sponsoring agency to substantiate the provider's documentation and clinical skills. Providers meeting the clinical and documentation expectations of the Medical Director may be invited to a Paramedic RSI Class and Procedural Skills exam, which must be successfully completed prior to skills authorization. Procedural skills exam shall include competency evaluation of RSI, rescue devices and needle cricothyroidotomy.

2. Maintenance of Credentials

RSI paramedics must meet all initial credentialing requirements at all times. It is the responsibility of the RSI paramedic and the RSI Agency for whom they operate to report noncompliance with these criteria to the SCEMSCOT

Failure to meet any of these criteria at any time immediately revokes the RSI paramedic's credentials to provide RSI to the community. This change must immediately (within one business day) be reported in writing to the RSI Agency Chief, the Agency's Medical Director, and the SCEMSMD. If in the case that an RSI provider does not meet the requirements as stipulated and the Agency and its medical director feel that a variance is recommended to maintain the RSI Provider status, this should be forwarded in writing to the SCEMSMD and SCEMSCOT.

All RSI paramedics must fulfill all requirements of initial credentialing, and successfully complete a minimum of 4 hours of RSI continuing education per calendar year that is approved by the System/Agency Medical Director. RSI paramedics will be continuously reviewed and may be suspended from the program at any time for not meeting the continuing education requirements, or the documentation, clinical, or procedural expectations of the RSI Program Medical Director. Suspension of RSI privileges can be appealed to the System or Agency Medical Director but he/she is under no obligation to change the recommendation and approve an RSI Paramedic. Reinstatement to the program will be considered on a case-by-case basis.

Criteria for maintaining credentials may be altered based on the latest research of RSI proficiency. Any changes to the program will result in e-mail notification of credentialed RSI providers by the SCEMSMD or SCEMSCOT.

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Additional Requirements

- i. Must perform a minimum of six (6) successful endotracheal intubations annually. In the absence of 6 endotracheal intubations on humans, skills verification can be performed on a high-fidelity manikin semi-annually. Verification must occur by an RSI TF authorized RSI credentialed and NYS CIC using intubation and rescue device skills sheet.
- ii. Endotracheal tube placement from an agency outside of Suffolk County ALS System shall be documented on the appropriate form.
- iii. Complete written and skills exam every 3 years, validated by an authorized NYS CIC.
- iv. No unrecognized esophageal intubations since use of waveform capnography have been established as standard of care in 2009.
- v. Unrestricted ALS privileges in the Suffolk County ALS System.

V. Continuing Education

Continuing education is a key component to the maintenance of RSI proficiency. It must include both practical and didactic education. It is the responsibility of the RSI paramedic to ensure that he/she meets the continuing education requirements described within this policy.

The Suffolk County Department of Health EMS Division, authorized agency medical director and TF will provide RSI continuing education programs that meet the demands of current research on the subject of RSI and the needs of the SCREMAC. The RSI TF may designate one or more individuals to serve as authorized RSI-FTO to facilitate both the initial training and clearance of providers as well as assist with the provision of continuing education. Active involvement of the medical director is mandatory. Active involvement includes review and approval of each provider's application, and the attendance of at least one training and skills session annually.

An RSI provider must successfully complete four (4) hours of RSI-Specific CME per Calendar Year. This includes a minimum of two (2) hours of skills review and two (2) hours of protocol review and update under the supervision of a physician or RSI-FTO. All CME not sponsored by the Division of EMS must be approved by the SCEMSMD, RSI TF Chair, and the SCEMSCOT prior to the start of the class.

Agencies that provide RSI services must sponsor a minimum of two (2) hours of RSI-specific continuing education per calendar year that is open to all RSI providers in the region and approved in advance by the RSI Agency Medical Director. Failure to do so will result in the agency losing RSI status.

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VI. Operations

- A. Agencies shall have video laryngoscopy available to the paramedic at the time the procedure is performed.
- B. **Two ALS providers must be present when RSI is performed as a standing order.** One of the paramedics must be an approved RSI paramedic. The second may be any ALS provider whose purpose is to assist with both BLS and ALS skills that need to occur concurrently while the RSI paramedic is assessing the patient and preparing to intubate when indicated. **In the absence of a second ALS provider, medical control must be contacted for an RSI order and there are no RSI standing orders.**
- C. An educational program will be developed to provide education for all RSI paramedics, and all other BLS and ALS providers to familiarize them with the RSI Protocol and procedure.
- D. Requesting RSI Paramedic Assistance: Any ALS provider can request assistance from an RSI paramedic via their agency dispatch or via their local public safety answering point. All dispatch centers should establish a protocol to identify and send the nearest RSI paramedic in a safe and efficient manner.
- E. Actions on Arrival: All RSI paramedics should thoroughly evaluate the setting and patient upon arrival at the patient's side. He/she must consider all issues as detailed in the RSI Protocol.

Considerations of note include:

- 1. Consideration of BLS and ALS airway options-The RSI paramedic must evaluate and ensure that all BLS airway options and ALS airway options have been considered. These considerations must be documented on the PCR.
- 2. Proximity to hospital ED-Transport to the ED should not be significantly delayed to RSI the patient.
- 3. Indications have been met and contraindications have been excluded.
- 4. Anticipated difficulty of RSI-the need for RSI in patients expected to be very difficult intubations should receive particular consideration.
- 5. Medical Control Authorization: Medical Control exists to discuss the case and determine the options for the patient.

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F. After-Call Actions

After-call actions include a combination of detailed documentation and verbal debriefing with the receiving physician. The intent of this process is to ensure that quality patient care is delivered, any RSI paramedic issues are immediately noted, and detailed clinical information is obtained. As detailed below, some debriefing will occur immediately after care is provided, while other debriefing will occur when possible after care is provided.

After completing the RSI, whether the procedure is successful or not, and transferring care to the ED, the RSI paramedic is responsible for the following:

1. PCR: A thorough PCR and accompanying continuation form must be completed immediately. The PCR must include the reasoning behind performing the RSI, and response to the BLS and ALS airway options.
2. RSI Quality Assurance Form, PCR and ETCO2 waveform must be completed and submitted within 7 business days to the SCEMSCOT. Failure to comply will result in the individual's immediate suspension within the RSI program.
3. Debriefing: It is strongly suggested that the RSI paramedic discuss with the receiving physician the procedure upon transfer of care. However, it is understood that the physician may not be able to immediately discuss the case. It is mandatory that the agency medical director be notified within forty-eight (48) hours to discuss the call.
4. If an RSI agency fails to provide the requisite forms within the seven (7) business day time-frame, as mentioned above, this may result in a suspension of the agency's ability to participate in the RSI program. All re-instatements into the program will be reviewed by the RSI TF, SCEMSMD, and SCEMSCOT.

VII. Quality Assurance

The RSI Task Force, the SCREMAC QA Committee and SCEMSMD shall be notified of any patient care concerns or trends observed system-wide that may benefit by additional training or modification to the existing medical care protocol.

The Agency Medical Director has the responsibility and authority to advise the SCEMSMD of any RSI paramedic that should be restricted from providing the RSI procedure, likewise, the SCEMSMD or SCEMSCOT shall do the same for the Agency Medical Director. Furthermore, any concerns by the receiving physician shall be communicated to Suffolk County Medical Control

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during their routine follow up endotracheal tube verification call. Suffolk County Medical Control shall immediately, or the next business day (after hours), notify the SCEMSCOT. The SCEMSMD or SCEMSCOT has the authority to immediately suspend an individual's RSI privileges pending an investigation and hearing. Doing so requires immediate notification of the SCEMSMD, Agency Medical Director, and Agency Chief, as well as written documentation submitted to those individuals within seven business days.

Frequently Asked Questions (FAQs)

- 1) If a provider is credentialed in one agency can they use RSI in another?
Yes and No. Only if that agency is RSI approved and the agency approves the provider. RSI credentials at one agency do not authorize you at another.

- 2) Does the second ALS provider need to go with the RSI paramedic and patient to the hospital?
No, however if RSI was used to facilitate ETI, the RSI paramedic must remain with the patient en-route to the hospital.

- 3) Does the second ALS provider need to be a paramedic?
No, the second provider must be a credentialed and authorized CC or paramedic in the Suffolk County ALS System who can perform ALS skills while the RSI credentialed paramedic prepares and performs RSI.