

Suffolk County Regional Emergency Medical Advisory Committee Rapid Sequence Intubation Policies and Standards

The REMAC establishes the following policies regarding the use of Rapid Sequence Intubation (RSI) in the Suffolk County region. The use of RSI shall be an agency-specific decision. This policy sets forth minimum standards and recommendations to guide agency utilization of RSI, RSI provider credentialing requirements, training standards, and the quality improvement process.

Minimum Standards for an RSI-authorized Paramedic

1. Three (3) years of active Paramedic practice
2. Minimum of ten (10) successful tracheal intubations
 - a. Up to three (3) tracheal intubations may be performed in a high-fidelity simulation or training environment
3. Completion of a difficult airway training program within five (5) years¹
4. Completion of an RSI training program within the past year
5. Annual continuing education and skills verification on RSI and open cricothyrotomy
6. Authorization from the agency medical director

Minimum Standards for an RSI Agency

1. Agencies shall notify the RSI subcommittee of the agency's intent to participate in the RSI program by email to QAQI@suffolkcountyny.gov
2. The agency medical director provides the oversight and quality assurance of RSI performance for that agency
 - a. The medical director must ensure RSI-authorized providers meet the minimum standards set forth and the ongoing competence of authorized providers
3. The agency shall ensure annual training requirements are met
4. The agency shall supply all medications included in the NYS Collaborative Protocols for Rapid Sequence Intubation and Post Intubation Management (excluding Vecuronium)
5. Providers shall have access to video laryngoscopy
6. Providers shall have access to open cricothyrotomy equipment/supplies
7. All RSI usages shall have prompt peer and medical director quality review
8. The agency must participate in the regional quality improvement program established by the REMAC
 - a. This includes prompt call review by a peer and by the agency medical director
 - b. The provider must contact Suffolk County Medical Control post-call

¹ Difficult airway training may be combined with the RSI training program if the program requirements are met

- c. The Agency RSI Audit Form shall be forwarded to the RSI Subcommittee via QAQI@suffolkcountyny.gov
9. The agency shall maintain a current roster of RSI-authorized paramedics with the Suffolk County program agency for record keeping at Online Medical Control
 - a. Including annual roster submission
 - b. Additions/subtractions as they occur

Authorization of RSI Paramedics

1. The agency medical director must verify a provider's competence, credentials, and training to perform RSI
2. The decision to authorize an RSI provider lies solely with the agency medical director
3. When a provider is authorized to perform RSI, the agency medical director or agency leadership shall notify the RSI Subcommittee and the Suffolk program agency by email to QAQI@suffolkcountyny.gov

RSI Original Training Requirements

1. An RSI training program must educate providers on the following core concepts:
 - a. The role of RSI in invasive airway management, including risks and benefits
 - b. Decision-making regarding the use of RSI
 - c. The pharmacology and proper/safe use of RSI medications
 - d. Preparation, pre-intubation resuscitation/optimization and mitigation of peri-intubation complications
 - e. Recognition of the need for alternative airway management techniques
 - f. Post-intubation management
2. RSI training programs must include training and skills verification for open cricothyrotomy
3. Providers must pass a minimum of four (4) comprehensive testing simulations including medical and trauma scenarios
 - a. Pediatric scenario to be included if agency is equipped and authorized for pediatric RSI
4. RSI training programs must have direct physician oversight

Difficult Airway Training Requirements

1. A difficult airway training program must educate providers on the following core concepts:
 - a. Airway management as a set of non-invasive and invasive skills/procedures to facilitate ventilation and oxygenation
 - b. The indications and contraindications for invasive airway management
 - c. Bag-mask mastery and alternatives to invasive airway management
 - d. Recognition and/or anticipation of a difficult or potentially difficult airway
 - e. Strategies to manage a difficult airway

- f. Video and direct laryngoscopy techniques
 - g. Airway management considerations for specific clinical scenarios
2. Difficult airway training must include hands-on skills practice of airway decision-making, ventilation techniques, intubation and laryngoscopy techniques, alternative airway devices.

Annual Training Requirements

1. RSI providers must demonstrate competence to perform RSI on an annual basis
2. Annual training should include skills verification for both RSI and open cricothyrotomy
3. The agency medical directors may accept training performed outside the agency at their discretion

Quality Assurance and Improvement

1. All agencies must ensure prompt review of all RSI usages to evaluate the following:
 - a. Appropriateness of RSI usage
 - b. Appropriateness of medication selection and dosing
 - c. Success of airway management or need for back-up device(s)
 - d. Proper airway confirmation
 - e. Proper post-intubation management
 - f. Proper ventilator settings and management (if applicable)
 - g. Incidence of peri-intubation complications such as hypoxia, hypotension, airway trauma, etc.
 - h. Appropriateness of scene/time management
 - i. Any additional metrics or measures as per agency or medical director discretion
2. All agencies using RSI must participate in the regional quality program established by the REMAC
 - a. All usages of RSI must be reported by the provider to Suffolk County Medical Control after the call is completed
 - b. Agencies must forward RSI usages to the RSI Subcommittee for regional quality assurance, including PCR and agency review form
 - c. The regional quality program, overseen by the RSI Subcommittee, will evaluate RSI cases performed county-wide to identify trends in care provided, develop best practices, and provide universal resources for agencies to improve care provided in the system
 - d. The regional quality program may include case discussions, evaluation and/or reporting of data metrics, or any other quality measures as determined by the REMAC