



Central New York Regional Emergency Medical Services Program

Policy Statement

Serving: Cayuga, Cortland, Onondaga, Oswego and Tompkins Counties

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Subject:
Rapid Sequence Induction
Program

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Supercedes/Updates: Original

Policy

The Central New York Emergency Medical Services (CNYEMS) Rapid Sequence Induction Program (RSI Program) provides advanced airway capabilities, specifically rapid sequence induction and intubation, to properly identified patients potentially requiring such definitive airway management.

1. Objectives

1. Define the participants of the RSI Program.
2. Define a system of initial credentialing and annual re-credentialing to assure that EMS providers have the highest level of airway competency recognized by the available literature.
3. Outline a continuing education program designed to assure continuous skills review and testing for maintaining provider credentialing and skill level.
4. Delineate the process by which an RSI-credentialed provider and agency respond to requests for an RSI-Paramedic.
5. Identify the process by which continuous quality assurance of the RSI program will be maintained.

2. Overview

Rapid Sequence Induction 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 this program is established after a review of the medical literature and best practices existing in other parts of the country. The Rapid Sequence Induction Program (RSI Program) exists to provide RSI services to CNYEMS in a careful, safe, and controlled fashion. *It is important to recognize that the successful performance of an RSI procedure does not imply appropriateness of the procedure.*

3. Authorization

The program is authorized by CNYEMS REMAC and overseen by the Regional Medical Director, and REMAC. As such, the RSI Program is a *regional*

program, not one implemented at the agency level.

Individuals and agencies provide RSI as an added service under the oversight of the REMAC and the Regional 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.

4. Medical Care

This policy specifically addresses the objectives stated previously. It does not define the manner in which the RSI procedure is performed. The "RSI Protocol", as defined in the CNYEMS Advanced Life Support Protocols, 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 credentialed as an RSI-Paramedic while working for an RSI authorized agency. They are not to be used for routine Advanced Life Support care.

5. Credentialing Requirements

A. RSI Agency

An RSI Agency is one that maintains the following criteria:

1. Has unrestricted authorization from the NY State Department of Health and the CNYEMS 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 CNYEMS REMAC, 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 in the region when RSI skills may be required.
5. Has been approved by the CNYEMS REMAC to provide RSI.

Participating in the RSI Program is equivalent to agreeing to these criteria.

B. RSI Paramedic

An RSI Paramedic is an individual who is credentialed to provide RSI services to patients in the CNYEMS EMS Region. The following credentialing and re-credentialing process occurs at the level of the CNYEMS 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 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 Paramedic or RSI Agency is responsible for any costs required for maintaining their credentialing.

C. Credentialing Process

1. Initial Credentialing

All new providers for RSI must complete a Paramedic Rapid Sequence Induction Airway Class.

To apply for the training, the following minimum requirements must be met:

1. Actively practice as a paramedic for a minimum of four years (by the completion of the RSI course) and two years in the CNYEMS Region;
2. Be in good standing with REMAC;
3. Have a letter of recommendation from the Agency Director or Manager;
4. Have a letter of support from the Agency Medical Director;
5. Have a current NY State Paramedic certification;
6. Have a current ACLS certification;
7. Complete the class application.

All applicants for the training will be reviewed by the Regional Medical Director and REMAC. Prior experience with demonstrated competency in endotracheal intubation will be considered. Those who are invited for the training class must then pass a pre-test developed by the REMAC and available through the CNYEMS Program Agency. Those individuals unable to pass the pre-test cannot sit for the training.

Those providers who successfully complete the training and its requirements will be credentialed to provide RSI services for one year.

2. Maintenance of Credentials

RSI Paramedics must meet the following criteria at all times:

1. Have current NY State Paramedic certification;
2. Have current ACLS certification;
3. Be in good standing with REMAC;
4. Have the support of the RSI Agency Director or Manager and Agency Medical Director.

Failure to meet any of these criteria at any time immediately suspends the RSI Paramedic's credentials to provide RSI services to the community. This change must immediately (within one business day) be reported in writing to the RSI Agency Director or Manager, the Agency Medical Director, and the CNYEMS Program Agency.

3. Re-Credentialing

All RSI Paramedics must re-credential on an annual basis through a mandatory continuing education program. This process occurs at the regional level and is self-sustaining, with fees as necessary. All RSI Credentials expire December 31 of each year.

By September 1 of each year, re-credentialing applications must be submitted to the CNYEMS Program Agency. The application confirms the requirements for all RSI Paramedics, documents RSI activity during the past year, and confirms that all continuing education requirements have been met. Continued participation in the RSI program may be contingent upon endotracheal intubation experience with documented competency. The RSI Paramedic is encouraged to submit education and activity performed as part of the RSI Program, CNYEMS ALS activity, and other pertinent activity. The following minimum requirements must be met to apply for re-credentialing:

1. Have current NY State Paramedic certification;
2. Be in good standing with REMAC;
3. Have a letter of recommendation from the RSI Agency Director or Manager;
4. Have a letter of support from the Agency Medical Director;
5. Have current ACLS certification;
6. Have successfully completed 8 hours of RSI continuing education sponsored through the CNYEMS Program Agency in the last 12 months.

All applications for re-credentialing will be reviewed by the Regional Medical Director and REMAC, which will make the following recommendations:

1. Reapprove credentials for one year;
2. Reapprove credentials for one year contingent on completion of additional training and/or evaluation (as specified by the REMAC - could include attending a refresher RSI course and/or practical testing);
3. Reject (may reapply to take the original course).

The recommendation can be appealed to the Regional Medical Director but he/she is under no obligation to change the recommendation and approve any RSI Paramedic.

The recommendations should be made by October of each year, thus allowing sufficient time for each RSI Paramedic to meet stipulations of the REMAC. Failure to meet stipulations of the REMAC by December 31 of each year will result in the RSI credentials expiring.

4. Considerations

Criteria for re-credentialing may be altered based on the latest research on RSI proficiency. Any changes to the re-credentialing program will be reflected in the re-credentialing application, and e-mail notification of credentialed RSI providers by the CNYEMS Program Agency. All RSI Paramedics are encouraged to track their own intubations of all kinds (RSI and non-RSI).

6. 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 CNYEMS Program Agency will provide RSI continuing education programs that meet the demands of the current research on the subject of RSI and the needs of the REMAC. The continuing education program is self-sufficient, and fees will be levied as needed to cover expenses for the RSI education program.

Although the CNYEMS Program Agency will determine the exact content covered in the RSI continuing education program, providers are expected to attend a minimum of eight (8) hours of RSI continuing education per year. This will include 2 hours of cadaver lab training, 2 hours of interactive patient simulator

training, and 4 hours of didactic and scenario training as defined by the REMAC and Regional Medical Director.

7. Operations

A. Requesting RSI Paramedic Assistance

All Advanced Life Support technicians can request assistance from an RSI Paramedic via their agency dispatch or via the 911 Center. All dispatch centers should establish a protocol to identify and send the nearest RSI Paramedic in a safe and efficient manner.

B. 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/ePCR.
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 best options for the patient if needed.

If the patient is not felt to need RSI, the RSI Paramedic must transport with the patient to monitor for further deterioration of the patient's respiratory status.

C. After-Call Actions

After-Call actions include a combination of detailed documentation and verbal debriefing with a designated 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.

1. Patients Receiving RSI

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 and complete PCR/ePCR must be completed. The PCR/ePCR must include the reasoning behind performing the RSI, and response to the BLS and ALS airway options. A copy of the PCR must be forwarded immediately to CNYEMS or the PCR must be completed utilizing a CNYEMS REMAC approved ePCR system.
2. RSI Quality Assurance Form—The CNYEMS RSI QA Data Form must be completed and submitted with a copy of the PCR/ePCR to CNYEMS within two business days.

2. Patient for Whom RSI Was Not Needed

In some cases, the RSI Paramedic will decide that RSI was not indicated. In the event that this occurs, the RSI Paramedic is responsible for the following:

1. PCR—A thorough and complete PCR/ePCR must be completed. The PCR/ePCR must include the reasoning behind not performing the RSI, and response to the BLS and ALS airway options. A copy of the PCR must be forwarded immediately to CNYEMS or the PCR must be completed utilizing a CNYEMS REMAC approved ePCR system.
2. RSI Quality Assurance Form—The CNYEMS RSI QA Data Form must be completed and submitted with a copy of the PCR/ePCR to CNYEMS within two business days.

8. Quality Assurance

The CNYEMS RSI Quality Assurance Program includes immediate debriefing of the RSI Paramedic with a physician after successful or unsuccessful RSI. In all cases where RSI is considered, whether performed or not, and successful or unsuccessful, the RSI paramedic will contact the Agency Medical Director within 24 hours for a debriefing.

In addition, the CNYEMS RSI QA Data Form is to be completed by the RSI Paramedic within two business days and forwarded with copies of the PCR/ePCR to the CNYEMS Program Agency for all non-RSI intubations performed by an RSI Paramedic. These will be reviewed by the Regional Medical Director.

The Regional Medical Director will advise the REMAC of any patient care concerns or trends observed system-wide that may benefit by additional training or modification to existing medical care protocol. The Regional Medical Director has the responsibility and authority to advise the REMAC of any RSI Paramedic that should be restricted from providing the RSI procedure. Changes to this policy and the RSI Protocol will be done in accordance with the available literature, best standards, and intensive continuing review of all RSI procedures performed in the CNYEMS Region.