



**North Country
Regional Emergency Medical
Advisory Committee**

Policy Statement

Serving: St. Lawrence, Jefferson, and Lewis Counties

No. 17-12

Date: 4/03/2017

Re: RSI

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Purpose:

To provide guidance and procedure for Agency and provider implementation, credentialing, re-credentialing, Continuous quality improvement (CQI) and oversight for Rapid Sequence Induction (RSI) in NCEMS.

Policy

The North Country Emergency Medical Services (NCEMS) 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.

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 continued skills review and testing for maintaining provider credentialing and skill level.
4. Delineate the process by which an RSI- credentialed provider and agency responds to requests for an RSI Paramedic.
5. Identify the process by which continuous quality assurance of the RSI program will be maintained.

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 (RSI) Program exists to provide RSI services to NCEMS 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 this procedure.



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Authorization

The program is authorized by the NCEMS 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 Regional Medical Director. Failure to follow these regulations will lead to the penalties described in this policy, including revocation of the RSI credentials for the Paramedic and or the agency.

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 NCEMS ALS Protocols, shall be the sole authority on how such procedures are performed in the pre-hospital setting. Both the RSI protocol and RSI policy and procedures 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 ALS care.

Credentialing Requirements (RSI Agency)

An RSI Agency is one that maintains the following criteria:

1. Has unrestricted authorization from the NYS DOH and the NCEMS REMAC to provide Advanced Life Support care.
2. Has unrestricted authorization from NYS DOH to carry and administer controlled substances to patients.
3. Has agreed to abide by the RSI Protocol and the RSI Policy and Procedures approved by the NCEMS 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 NCEMS REMAC to provide RSI.
6. Video Laryngoscopy
7. 100% CQI review at the agency level of all attempted RSI.



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

RSI Paramedic

An RSI Paramedic is an individual who is credentialed to provide RSI services to patients in the NCEMS Region. The following credentialing and re-credentialing process occurs at the level of the NCEMS Region. RSI agencies can and are encouraged to create their own clearance process for RSI Paramedics; however, no Paramedic 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 service cannot perform RSI on a patient.

The RSI Paramedic or RSI Agency is responsible for any costs required for maintaining their credentialing.

Initial Credentialing

All new providers for RSI must complete a “Difficult Airway Management (DAMS)” 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 NCEMS Region;
 - a. An Agency along with the Agency medical Director has the right to petition REMAC for an exception for the two years in NCEMS Region;
2. Be in good standing with the NCEMS REMAC;
3. Have a letter of recommendation from their Agency Medical Director;
4. Screened through NCEMS RSI Committee
5. Have a current NYS Paramedic certification;
6. Have a current ACLS and certification;
7. Complete the RSI Provider application;
8. Successful completion and demonstration of advanced airway management competency and surgical airway competency via simulator testing.

All applicants for the training will be reviewed by the Regional Medical Director and NCEMS REMAC. Those who are invited for the training must then pass a pre-test developed by the REMAC and available through the NCEMS Program Agency. Those individuals unable to pass the pre-test cannot sit for the training.



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

Maintenance of Credentials

RSI Paramedics must meet the following criteria at all times:

1. Have current NYS 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 service 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 NCEMS Program Agency.

Continuing Education:

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 31st of each year.

By September 1st of each year, re-credentialing applications must be submitted to the NCEMS Program Agency. The application confirms the requirements for all RSI Paramedics, documents all RSI activities 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, NCEMS ALS activity, and other pertinent activity.

The following minimum requirements must be met to apply for re-credentialing:



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1. Have current NYS Paramedic certification;
2. Have current ACLS and certification
3. Be in good Standing with the REMAC;
4. Have a letter of support from the Agency Medical Director;
5. Have a letter of support from the RSI Agency Director or Manager
6. Have successfully completed 8 hours of RSI Continuing education sponsored by the RSI Committee in the last 12 months.
7. Scenario/ Simulator testing completed by June 30th and December 31st annually.

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

1. Re-approve credentials for one year;
2. Re-approve 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 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 the stipulations of the REMAC by December 31st of each year will result in the RSI credentials expiring.

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 Paramedics by the NCEMS Program Agency. All RSI Paramedics are encouraged to track their own intubations of all kinds (RSI and non-RSI).



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Continuing Education

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

The NCEMS Program Agency will determine the exact content covered in the RSI continuing education program that meets 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 the expenses for the RSI education program.

Although the NCEMS 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 didactic RSI continuing education per year. Providers will be required to successfully complete scenario-based simulations biannually to include surgical airways.

Failure to complete the required CME's and/or scenario-based simulations will result in immediate removal as a RSI Paramedic. The provider will be required to reapply as an initial applicant.

Operations:

RSI may only be performed on patients greater than or equal to 18.

Requesting RSI Paramedic Assistance

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

Actions on arrival

All RSI Paramedics should thoroughly evaluate the setting and patient upon arrival at patient's side.

He/she must consider all issues as detailed in the RSI Protocol.



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The RSI Paramedic must ensure that a second ALS provider credentialed to intubate must be on scene during the procedure.

Considerations of note include:

1. Consideration of ALS and BLS 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 best option 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.

After call actions

After call actions include a combination of detailed documentation and verbal debriefing with a designated Physician. The intent of this action 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.

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 done. 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 the NCEMS Program Agency or the PCR must be completed utilizing a NCEMS REMAC approved ePCR system.
2. RSI Quality Assurance Form - the NCEMS RSI QA Data Form must be completed and submitted with a copy of the PCR/ePCR to the NCEMS Program Agency within two (2) business days.



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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 an RSI, and response to the BLS and ALS airway options. A copy of the PCR must be forwarded immediately to the NCEMS Program Agency or the PCR must be completed utilizing a NCEMS REMAC approved ePCR system.
2. RSI Quality Assurance Form - the NCEMS RSI QA Data Form must be completed and submitted with a copy of the PCR/ePCR to the NCEMS Program Agency within two (2) business days.

Quality Assurance

The NCEMS 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 two (2) business for a debriefing.

In addition, the NCEMS RSI QA Data Form is to be completed by the RSI Paramedic within two (2) business days and forwarded with copies of the PCR/ePCR to the NCEMS Program Agency for all non-RSI intubations performed by an RSI Paramedic. The Regional Medical Director will review these.

The Regional Medical Director will advise the REMAC of any patient care concerns or trends observer 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 NCEMS Region.