



RAPID SEQUENCE INDUCTION PROGRAM

PURPOSE

The Monroe-Livingston Region's Rapid Sequence Induction Program (RSI Program) provides advanced airway capabilities, specifically rapid sequence induction and intubation, to properly identified critically ill patients requiring such definitive airway management.

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 Prehospital setting has been the subject of significant research and this program was established after a review of the medical literature and best practices existing in other parts of the country. The RSI Program exists to provide RSI services to Monroe and Livingston counties 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.*

AUTHORIZATION

The program is authorized by the Monroe-Livingston REMAC and overseen by the Regional EMS Medical Director. As such, the RSI Program is a regional program, not one implemented at the agency level. The Regional EMS Medical Director may designate additional physicians to supervise the implementation, quality assurance, and continuing education requirements for the RSI Program.

Individuals and agencies providing RSI do so as an added service under the oversight of the REMAC and the Regional EMS 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.

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 protocols, shall be the sole authority on how such a procedure is performed in the prehospital 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. They are not to be used for routine Advanced Life Support Care.



CREDENTIALING REQUIREMENTS

RSI AGENCY

A RSI Agency is one that maintains the following:

1. Unrestricted authorization from the New York State Department of Health and the Monroe-Livingston County REMAC to provide Advanced Life Support care.
2. Unrestricted authorization from the New York State Department of Health and Bureau of Narcotics Enforcement to carry and administer controlled substances to patients.
3. Agrees to abide by the RSI Protocol and the RSI Policies and Procedures approved by the Monroe-Livingston 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. Agrees to make RSI Paramedics available to all EMS agencies in the region when RSI skills may be required.
5. Approved by the Regional Medical Director to provide RSI.

RSI PARAMEDIC

A RSI Paramedic is an individual who is credentialed to provide RSI services to patients in the Monroe-Livingston EMS 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 a RSI Paramedic, the individual must practice with an agency authorized to provide RSI care. *Thus, a 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.



CREDENTIALING PROCESS

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

1. A Paramedic who has maintained active NYS certification at the paramedic level for no less than two years.
2. A Paramedic must have maintained continuous practice in the MLREMS Region for the previous two years in advance of the testing date.
3. A Paramedic must average no less than 8 hours/week of direct patient care as the primary care giver. Supervisors or other providers with an average of less than 8 hours/week of direct patient care responsibilities are not eligible.
4. A Paramedic must be in good standing with the MLREMS Quality & Patient Safety Committee as well as the MLREMS Medical Director.
5. A Paramedic has performed no less than 10 successful field intubations within the MLREMS region – procedures which are documented and may be verified prior to taking the written exam.

Providers meeting the above eligibility requirements may apply for RSI credentialing through the following steps:

1. A letter of recommendation from the Agency ALS Chief AND the Agency Medical Director must be submitted to the Division of Prehospital Medicine.
2. Documentation verifying 10 field intubations must be submitted by the applicant. Verification should consist of a list of agency e-PCR numbers signed by both the applicant and either the Agency ALS Chief or Agency Medical Director where the intubations were performed. Should the required intubations span multiple agencies, a list from each agency should be submitted following the above guidelines. The Division of Prehospital Medicine reserves the right to verify this information and any provider found to have knowingly submitted false results will be removed from the process and will not be eligible for further RSI credentialing.
3. A fee must be submitted prior to beginning the credentialing process.

The initial credentialing process is a competency-based process consisting of a written examination, completion of physician-guided didactic and skills sessions, and the successful completion of high fidelity, physician-evaluated RSI scenarios. Successful completion of all aspects of the process is required to be granted RSI credentials in the MLREMS Region. RSI credentials will remain in effect for a period of four years.



MAINTENANCE OF CREDENTIALS

RSI Paramedics must meet all 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 or clinical care concerns that could impact the provider's ability to provide RSI services. Failure to meet any of these criteria at any time immediately revokes 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 ALS Chief, the Agency Medical Director, and the Regional EMS Medical Director.

RSI Paramedics will be continuously reviewed and may be suspended from the program at any time for not meeting the documentation, clinical, or procedural expectations of the Regional EMS Medical Director. Suspension of RSI privileges can be appealed to the Regional Quality & Patient Safety Committee. Reinstatement to the program will be considered on a case-by-case basis.

CONTINUING EDUCATION

Continuing education is a key component to the maintenance of RSI proficiency. Maintaining RSI credentialing is contingent on the attendance of at least one of the RSI program designated physician-led continuing education classes annually, for a minimum total of four sessions over the 4-year credentialing period. The continuing education sessions are offered at no cost for RSI credentialed paramedics. Compliance with continuing education will be tracked by the Division of Prehospital Medicine.

RE-CREDENTIALING

There are 3 options available for the RSI Paramedic to maintain their credentials:

1. RSI credentials are not a requirement to practice as a paramedic in the MLREMS region, and the paramedic may choose not to reapply.
2. If the credentialed RSI Paramedic has responded to a minimum of 10 RSI requests over the four year period (tracked via regional quality improvement activities) AND has attended four of the MLREMS-based RSI continuing education sessions, they must submit a letter of continued support from their agency medical director.
3. If the credentialed RSI Paramedic has responded to 9 or less RSI Requests over the four year period (tracked via regional quality improvement activities) AND has attended four of the MLREMS-based RSI continuing education sessions, they must submit a letter of continued support from their agency medical director and will be required to demonstrate competency by passing the simulation test after paying the appropriate testing fee. They will not need to retake the written exam.



4. If the credentialed RSI Paramedic has not successfully completed four of the MLREMS based RSI continuing education sessions, regardless of the number of RSI requests they have responded to, they will be required to resubmit the necessary letters of recommendation AND retake the written exam after paying the appropriate testing fee. Upon successful completion of the written exam, the applicant will be required to demonstrate competency by passing the simulation test after paying the appropriate testing fee.
5. If the credentialed RSI paramedic has less than 10 regional RSI requests, but works as a flight paramedic, a letter of support from their air ambulance medical director substantiating that they have performed at least 10 prehospital RSI intubations over the four year period may be used as a substitute for the 10 regional RSI requests. In these circumstances, the credentialed RSI paramedic must still have attended at least four educational sessions over the four year period and submit a letter of support from their RSI ground ambulance agency medical director.

These requirements are summarized in the following table:

Number of RSI Responses (without significant quality concerns)	Number of RSI Education Sessions Attended (over 4 year period)	Requirements for RSI Recredentialing
10 or greater	4 or more	<ul style="list-style-type: none">• LOS from agency medical director
9 or less	4 or more	<ul style="list-style-type: none">• LOS from agency medical director• Successful completion of simulation test
Any number	3 or less	<ul style="list-style-type: none">• LOS from agency medical director• Successful completion of written exam• Successful completion of simulation test

LOS: Letter of Support

RECIPROCITY

For those providers that have RSI credentials from agencies in surrounding counties you may apply for reciprocity. If reciprocity is granted, you will have the written test requirement for credentialing waived. You will be strongly encouraged to take the didactic classes. You will be required to take the simulation test and pay the \$50 fee. If reciprocity is not granted, you are still eligible for RSI privileges, but will be required to proceed through the standard credentialing process as stated above.



To apply for reciprocity, a letter of intent from the applicant as well as a letter of recommendation from either the Agency ALS Chief or the Agency Medical Director should be submitted to the Division of Prehospital Medicine.

OPERATIONS

Requesting RSI Paramedic Assistance

Any level provider may request assistance from a RSI Paramedic via their agency dispatch or via the Monroe or Livingston County 911 Center. All dispatch centers should establish a protocol to identify and send the nearest/most appropriate RSI Paramedic in a safe and efficient manner.

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 the hospital ED – If avoidable, transport to the ED should not be significantly delayed to RSI the patient with the understanding that a compromised airway is immediately life threatening and must be managed in a timely fashion.
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 as appropriate – on-line medical control exists to assist the RSI paramedic in determining the best options for the patient.

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 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 (defined as the use of sedative and neuromuscular blocker administration), whether the procedure is successful or not, and transferring care to the ED, the RSI Paramedic is responsible for the following:

- a. PCR – A thorough and complete PCR must be completed immediately. The PCR must include the reasoning behind performing the RSI, response to the BLS and ALS airway options, and medical control authorization as appropriate. If the agency does not use emsCharts, a copy of the completed PCR must be submitted to the Regional EMS Medical director within two business days.
- b. REDCap Quality Improvement survey - The regional quality improvement survey for RSI providers must be completed. For emsCharts agencies, a link is available through the quality improvement research module. For agencies that do not use emsCharts, the survey may be accessed directly through the weblink: <https://is.gd/RSIProviderFeedback>
- c. Debriefing – After transfer of care, a verbal debriefing will be immediately performed either in person or via telephone with one of the RSI program physicians and/or the respective on-call county EMS Medical Director.

2. Patients for whom RSI was not performed.

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

- a. PCR – A thorough and complete PCR must be completed immediately. The PCR must include the reasoning behind not performing the RSI, response to the BLS and ALS airway options, and medical control discussion (if applicable). If the agency does not use



emsCharts, a copy of the completed PCR must be submitted to the Regional EMS Medical director within two business days.

- b. REDCap Quality Improvement survey - The regional quality improvement survey for RSI providers must be completed *for every RSI Request*, regardless if the procedure was performed. For emsCharts agencies, a link is available through the quality improvement research module. For agencies that do not use EMS Charts, the survey may be accessed directly through the weblink: <https://is.gd/RSIProviderFeedback>
- c. Should the RSI Paramedic wish to discuss the call, they can debrief in person with any receiving physician and/or may contact the on-call county EMS Medical Director through the appropriate communication center. Although mandatory post-call debriefing is not required, the medical directors would be happy to discuss any RSI situation with the involved paramedics as they see fit.

QUALITY IMPROVEMENT

The Monroe-Livingston Regional RSI Quality Improvement Program includes immediate debriefing of the RSI Paramedic with an on-call county EMS Medical Director after successful or unsuccessful RSI. It further includes reporting and debriefing of requests for RSI in which an RSI was not performed. A detailed Quality Improvement Tool (REDCap survey) is to be completed by a RSI Paramedic immediately after the transfer of patient care.

The Regional EMS Medical Director or designee will review all calls in which both successful and unsuccessful RSI's were performed, as well as all calls where a RSI Paramedic was requested but the patient did not meet RSI criteria. The Regional EMS Medical Director will advise the REMAC Patient Safety Committee 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 EMS Medical Director has the responsibility and authority to advise the REMAC Quality & Patient Safety Committee of any RSI paramedic that should be restricted from participating in the RSI program. Furthermore, the on-call county EMS Medical Director that debriefs the RSI Paramedic at the time of the procedure has the authority to immediately suspend an individual's RSI privileges should it be required. Doing so requires immediate notification of the Regional EMS Medical Director, Agency Medical Director, and Agency Operations Director, as well as written documentation submitted to the Regional Program Agency for distribution to the above parties within three business days.



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 Monroe-Livingston region.

Updated May 11, 2020

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