

Appendix I

Title: Rapid Sequence Intubation (RSI)

Purpose: To outline the SHCGB RSI Quality Assurance and Quality Improvement program.

Scope: EMS agencies authorized as such in the Sponsor Hospital Council of Greater Bridgeport (SHCGB) catchment area have elected to sponsor RSI protocols.

Policy: The RSI procedure will be optional for EMS agencies within the SHCGB region that elect to meet the following guidelines and procedures. This policy does not define how the RSI procedure is clinically performed. The Rapid Sequence Intubation Protocol (and its subtypes), as defined in the most recent edition of the Connecticut Statewide EMS Protocol Manual, shall be the sole authority on how such a procedure is performed in the pre-hospital setting. The Rapid Sequence Intubation Protocol and this Policy and Procedure will be used ONLY by individuals currently authorized as an RSI Paramedic working for an authorized RSI Agency.

- EMS agencies electing to continue the RSI program must use Rocuronium Bromide as the primary paralytic medication following the SHCGB Formulary.
- The EMS agencies continuing with RSI are mandated to hold, at a minimum, at least one 2-hour advanced airway management lecture-based CME and one advanced airway management practical-based CME annually.
- RSI Agencies are required to submit training documentation yearly for all providers.
- Paramedics who do not meet the CME requirements will not be allowed to utilize the RSI procedure until training requirements are met.
- Authorized agencies will submit a yearly training validation for all paramedics authorized to perform RSI to the EMS Coordinators each January along with an intubation report for each paramedic.

RSI-qualified paramedics must complete at least two successful intubations during each renewal cycle. If they do not meet this requirement, they will be scheduled to perform one successful intubation in the operating room at the discretion of the EMS coordinators. Intubations can be conducted at any EMS service, provided there is proper documentation from that service.

Clinical Performance Review

- The agencies electing to continue with RSI must submit the SHCGB RSI QA form to both EMS Coordinators for every instance where RSI was utilized within 96 hours of the transport.
- EMS Coordinators will review the form and corresponding EPCR for adherence to current protocols for accurate documentation and care.
- All Clinical Performance Reviews will be conducted fairly, objectively, respectfully, confidential, and patient focused.
- All aspects of the review, including the notes of the proceedings and documents, are considered confidential. No recordings will be allowed unless authorized explicitly by the Medical Control Council. All persons involved in the review follow all requirements for confidentiality, as described in the Clinical Performance Review Process document.