



January 7, 2022

Mr. David Jones  
Pennsylvania Emergency Health Services Council  
600 Wilson Lane, Suite 101  
Mechanicsburg, PA 17055-2437

Dear Mr. Jones

Thank you for the recommendation of the Pennsylvania Emergency Health Services Council (PEHSC), dated December 8, 2021 and electronically submitted to the Department on December 16, 2021

*(1) VTR#: 1221-01 Expanded Use of RSI by Ground ALS Agencies*

**Recommendation** – The Department should accept the Phase 1 recommendations of the taskforce, which proposes foundational program requirements and a statewide pilot program (Phase 2) for the OPTIONAL expanded use of rapid sequence intubation by ground ALS agencies.

**DOH Response** – The Department thanks PEHSC for this recommendation. The Department generally agrees with components of this recommendations and the corresponding supporting materials including the document titled “*Use of Rapid Sequence Intubation by PA Ground Advanced Life Support Agencies: Phase 1 Recommendations*”. However, the Department also disagrees in part.

One of the requests of PEHSC from the Department was that this workgroup was to explore the number of patients who currently have poor outcomes that may be attributable to lack of the ability of ground EMS to perform RSI. This report does not adequately estimate the scope of need for this procedure, which is important to ensuring that the addition of this skill would be valuable to patient outcomes and worth the educational resources to safely add it to an optional scope of practice. In particular, how would this estimated need in certain geographic regions impact the number of estimated uses by the average paramedic in those regions? It is concerning that the ALS providers in the survey group do an average of 1.22 intubations annually in a group where most of the agencies reported being interested in adding RSI to their skill set. Is there evidence that individuals with this level of experience will have enough RSI cases to maintain competency?

The report introduction states that “Theoretically, a ground ALS agency that is willing to subject itself to an established standard of care for RSI should expect to achieve the same outcomes and pose no greater danger to patient safety than when performed by critical care transport agencies.” We believe that the air ambulance services in Pennsylvania have a long history of incorporating RSI into patient care with high success and good judgement in its use. The report does not sufficiently provide information on the current RSI education,

experience, and continuing education requirements of our air ambulance services. Mirroring the requirements of air ambulance services in the specifics of this Phase 1 educational plan would help to ensure that this level of competency and safety is attained.

The Department is concerned that there is a lack of depth and breadth to the initial education of providers related to the proposal. The Department finds the number of minimal recommended “12 intubations under various patient conditions, including situations when RSI may not be safe/appropriate” to be insufficient to the risk being undertaken for the procedure. Additionally, with no requirement for actual patient intubations and allowing for 100% simulation training it is conceivable that a paramedic could actually be placed into a position to utilize RSI on a patient without ever having intubated an actual patient, as the same argument of insufficient OR access has been utilized for initial education paramedic programs.

Furthermore, while a minimal number of successes should be established, such a figure in and of itself does not demonstrate proficiency or even entry level competence. A minimum established threshold of success considering all intubation attempts successes should be established.

The Department notes and respects to a degree the deference to EMS agency medical directors on a variety of these issues. However, the Department feels that a sufficient minimum standard must be established. and at this time the Department concludes that has not materialized.

Finally, on page 32 of the report the taskforce makes a best practice recommendation that is inconsistent with state law. Neither EMS agencies nor EMS agency medical directors outside of an approved Air Ambulance program may create agency specific protocols. The Department finds it inappropriate to suggest as a best practice an item inconsistent with existing law.

Despite these concerns, the Department is in concurrence related to overall concept of these Phase 1 recommendations related to developing course content for an educational course leading to knowledge, skill and judgment in the skill of RSI that would lead to competency in this skill. The Department requests that PEHSC further develop the Phase 1 recommendations into specific recommendations for prior experience, objectives, curriculum, teaching materials (e.g., educational PowerPoint slides), psychomotor skill requirements and competency assessment for the proposed educational model.

The Department supports the use of a structured pilot approach that would allow selected EMS agencies the option of using RSI medications and techniques after uniform education, experience and competency assessment in a closely monitored pilot program., The Department also requests that PEHSC survey the state air medical services to determine the current level of experience, education, and reeducation that they use to maintain competency for RSI among their ALS providers. If such a survey has been previously conducted the Department requests additional detail and specifics related to its results.



The Department requests PEHSC to continue its work and begin the creation of Phase 2 recommendations. However, please take notice that subsequent approvals of additional phases will be contingent upon adequate progress and updates to the overall program that directly address the concerns that the Department has outlined in this letter.

The Department of Health extends our thanks to the State EMS Advisory Council for the Quality and relevance of this recommendation, and additionally thanks the RSI taskforce for their time and steadfast dedication to the Pennsylvania EMS system.

Professionally,

A handwritten signature in black ink, appearing to read 'Dylan J. Ferguson', written in a cursive style.

Dylan J Ferguson  
Director  
Bureau of Emergency Medical Services