



Base Hospital

Memorandum

TO	Ornge Paramedic Staff, Toronto Paramedic Services
CC	Base Hospital, Medical Directors, Transport Medicine Physicians, Professional Standards, OCC Staff
FROM	Bruce Sawadsky, Acting Chief Medical Officer
RE:	RSI Authorization and Limitation Changes
MEMO #	BH-MEM-067
DATE	April 9, 2020

Guidelines consistently recommend RSI with video-laryngoscopy (VL) for all COVID or suspect COVID patient intubations. Utilizing RSI reduces aerosolization of the virus during intubation by ensuring the patient does not cough thereby decreasing the exposure risk to the intubator. Currently Ornge only certifies CCP(f) to perform RSI and only in a hospital or nursing station with a second intubator available.

Given these limitations there are a number of potential scenarios where due to crew pairing or location paramedics would not currently be authorized to utilize RSI for intubation. Recognizing the significant exposure risk associated with non-RSI intubations and in keeping with our organizational priority of staff safety, MAC will be temporarily adding RSI to the ACP(f) scope of practice and removing location restrictions to allow RSI in the field or in the aircraft/vehicle. Our goal is that RSI is available to all crews for all intubations on all patients to mitigate the staff exposure risk associated with intubation.

In order to limit risk, the following criteria will be required prior to a TMP order for RSI by an ACP(f)

1. All possible efforts to dispatch a CCP crew are exhausted or the delay to sending a CCP LOC crew is prolonged and has the potential to result in significant morbidity to the patient.
2. The TMP and OCC-OM have considered pairing staff from two bases to achieve a CCP LOC and this option is not feasible or the delay caused by this has the potential to result in significant morbidity to the patient.
3. The TMP has spoken with the sending staff and there are no opportunities for a local MD to perform the intubation with or without the support of Ornge staff, including calling an MD in from home.
4. The TMP and the ACP(f) are comfortable with performing an RSI and they have reviewed the procedure prior to performing. If an OTN connection is available at the sending hospital the TMP will observe and instruct the intubation via OTN when operationally feasible.

In order to provide just in time training for ACP(f) in RSI the following will occur:

1. Additional RSI training material for ACP(f)'s will be posted to the LMS for review
2. At CCP bases FE's or CCP's will provide additional instruction on RSI to ACP(f) at their bases during shift pairings utilizing the training mannequin and equipment
3. At bases without CCP's an alternative trainer (local TMP/FE) will provide an RSI review

Effective immediately:

- All certified RSI paramedics are authorized to perform RSI as required for all patients in the field or in the aircraft/vehicle

- Any ACP(f) currently enrolled in the CCP(f) initial education course who has successfully completed module 1 upon receiving an updated certification letter from Ornge Base Hospital identifying the delegation of RSI as an auxiliary directive are certified to perform RSI providing the ACP(F) RSI criteria are met.
- For all ACP(f)s not currently in enrolled in the CCP Initial Education Course
 1. After successful completion of all required LMS material
and
 2. After successful completion of a RSI hands-on session with a FE/CCP/TMP/Educator

Upon receiving an updated certification letter from Ornge Base Hospital identifying the delegation of RSI as an auxiliary directive they are certified to perform RSI providing the ACP(F) RSI criteria are met.

Please refer any questions to AskMac@ornge.ca