DRUG-ASSISTED AIRWAY MANAGEMENT POLICY

PURPOSE

The Monroe-Livingston Region's Drug-Assisted Airway Management (DAAM) program provides advanced airway capabilities, specifically rapid and delayed sequence induction and intubation, to critically ill patients requiring such definitive airway management. DAAM covers the use of medications, including sedation and neuromuscular blockade, to facilitate the placement of an invasive airway in patients who are critically ill. This policy sets the regional standards for initial and continued credentialing to perform the DAAM procedure.

OVERVIEW

Drug-Assisted Airway Management 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. This program was established after reviewing the medical literature and best practices. The DAAM Program provides services primarily to Monroe and Livingston counties and other situations under mutual aid in a careful, safe, and controlled fashion. *It is important to recognize that the successful performance of a DAAM procedure does not imply the appropriateness of the procedure.*

AUTHORIZATION

The Monroe-Livingston REMAC authorizes the program, which is overseen by the Regional EMS Medical Director. The DAAM Program is a regional program, not one implemented at the agency level. The Regional EMS Medical Director may designate additional physicians (hereafter referred to as Regional EMS Physicians) to supervise the implementation, quality assurance/improvement, and continuing education requirements for the Program.

Individuals and agencies providing DAAM 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 DAAM credentials for the paramedic and/or the agency.

MEDICAL CARE

This policy does not define the how the DAAM procedure is performed. The "RSI Protocol" as defined in the most recent version of the NYS Collaborative ALS Adult and Pediatric Patient Care Protocols and online medical control guidance provided by a Regional EMS Physician shall be the sole authority on how such a procedure is performed in the prehospital setting. The NYS Collaborative ALS RSI protocol is to be used ONLY by individuals currently credentialed as Regional Airway Specialist (RAS) while working for a DAAM-authorized agency. They are not to be used for routine Advanced Life Support (ALS) care.

DAAM AGENCY

A DAAM Agency is an ALS agency that is approved by the Regional Medical Director as a designee of the REMAC and maintains the following:

1. Unrestricted authorization from the New York State Department of Health Bureau of EMS and the Monroe-Livingston 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. Abides by the DAAM Policies and Procedures approved by the Monroe-Livingston REMAC, including agreeing to provide the DAAM Paramedic the proper medications and equipment, including video laryngoscopy, and following all credentialing and QA/QI requirements as detailed in this policy.

4. Makes DAAM Paramedics available when they are available and on duty.

A DAAM agency and its Medical Director agree to support applicant preparation, credentialing, and maintenance of the RAS credential through active participation in quality improvement, education, and simulation activities associated with this program.

REGIONAL AIRWAY SPECIALIST

A Regional Airway Specialist (RAS) is an individual who is credentialed to provide DAAM services to patients in the Monroe-Livingston EMS Region. DAAM Agencies can and are encouraged to create their own clearance process for Regional Airway Specialists. However, no paramedics can provide DAAM services at any agency if they are not credentialed at the MLREMS regional level. To act as a Regional Airway Specialist the individual must practice with an agency authorized to provide DAAM care. *Thus, a Regional Airway Specialist practicing with an agency not providing DAAM services cannot perform DAAM on a patient.*

The Regional Airway Specialist or DAAM Agency is responsible for any costs required for obtaining and maintaining their RAS credential.

INITIAL CREDENTIALING PROCESS

The following are required to be considered for practice as a Regional Airway Specialist:

1. Active and unrestricted paramedic certification for no less than two years.
2. The Paramedic must have maintained continuous practice in the MLREMS Region for the previous six months before the testing date.
3. Paramedics must have no ongoing clinical quality concerns with the MLREMS Quality & Patient Safety Committee.

EMS clinicians meeting the above eligibility requirements may apply for RAS credentialing through the following steps:

1. Completion of the Credentialing application by the individual paramedic and DAAM agency leadership. The application must be approved for submission by both the Agency Clinical Care Coordinator or equivalent Agency ALS Chief AND the Agency Medical Director.
2. A fee must be submitted prior to beginning the credentialing process.

Completed applications will be reviewed by the credentialing committee designated by the Regional Medical Director as the REMAC designee for approval to enter the credentialing process.

Initial credentialing is a competency-based process consisting of a written examination, regional-approved didactic and skills sessions, and successful performance in high-fidelity simulation scenarios evaluated by Regional EMS physicians. Successful completion of all aspects of the process is required to be granted the initial credential for Regional Airway Specialist in MLREMS.

MAINTENANCE OF CREDENTIALS

RAS credentials are not a requirement to practice as a paramedic in MLREMS, and the paramedic may choose not to maintain their RAS credential at any time.

Maintenance of the Regional Airway Specialist credential requires the following:

1) Meeting clinical performance criteria approved by the Regional Medical Director. These criteria focus on clinical judgment, including patient selection and adherence to safety standards.
2) Participation in continuing education, consisting of regional case reviews and yearly simulation sessions. The MLREMS Program Agency will assess compliance with these requirements during the first quarter of every calendar year. Failure to meet ongoing continuing education requirements as outlined below will lead to the suspension of privileges and requirement to re-enter the initial credentialing process.
3) Continued support of their credentialing status by their DAAM agency medical director and EMS agency clinical leadership, verified in the first quarter of every calendar year.

Regional Airway Specialists (RAS) must maintain both their RAS and ALS credential within MLREMS and their agency(ies) at all times in order to maintain their RAS credential. Their performance and compliance will be continuously monitored, and failure to meet the documentation, clinical, or procedural expectations set by their Agency or the Regional EMS Medical Director may result in suspension from the program.

Both the RAS and the DAAM agency(ies) they operate under are responsible for reporting any noncompliance with credentialing requirements or clinical care concerns that may affect the clinician's ability to provide DAAM services. Any suspension of privileges or significant clinical care concerns must be reported in writing within one business day to the DAAM Agency ALS Chief, the Agency Medical Director, and the Regional EMS Medical Director. If an RAS's credentials are suspended at the agency level due to clinical care concerns, their Regional RAS credential will also be immediately paused, pending review by the Regional Medical Director and the Regional Quality & Patient Safety Committee.

An RAS may appeal a suspension of Regional DAAM privileges to the Regional Quality & Patient Safety Committee. Reinstatement will be evaluated on a case-by-case basis.

The Regional EMS Medical Director has the responsibility and authority to advise the REMAC Quality & Patient Safety Committee of any RAS who should be restricted from participating in the DAAM Program. Furthermore, the Regional EMS Physician that debriefs the RAS at the time of the procedure has the authority to immediately pause an individual's RAS privileges should there be significant concerns with the RAS's clinical decision-making. Doing so requires immediate notification of the Regional EMS Medical Director, Agency Medical Director, and Agency Operations Director or Agency Clinical Care Coordinator / Manager and written documentation submitted to the Regional Program Agency for distribution to the above parties within three business days.

CONTINUING EDUCATION

Continuing education is a key component to the maintenance of DAAM proficiency. Maintaining credentialing as a Regional Airway Specialist is contingent on the following:

1. Attendance of at least one regional DAAM case review per year.
2. Active participation in a minimum of one simulation-based learning session per year approved by the Regional Medical Director or a designated Regional EMS Physician.

Continuing education sessions are offered at no cost for Regional Airway Specialists but will require logistical support from DAAM agencies. The Regional Program Agency will track compliance with continuing education requirements.

RECIPROCITY

There is no reciprocity for DAAM credentials. All EMS clinicians wishing to obtain this credential in MLREMS must abide by this policy.

OPERATIONS

Requesting Regional Airway Specialist Assistance

Any level EMS clinician may request assistance from a RAS 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 RAS in a safe and efficient manner.

Actions on Arrival

The RAS is expected to thoroughly evaluate the setting and patient upon arrival at the patient's side. Considerations of note include:

1. Consideration of BLS and ALS airway options – The RAS 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 perform DAAM 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. A safe approach to the DAAM procedure, including use of a regionally-approved checklist, is a requirement.
5. Medical control authorization as appropriate – EMS Physician on-line medical control exists to assist the RAS in determining the best treatment options for the patient.

If the patient is not felt to need DAAM, the RAS Paramedic should strongly consider transport with the patient to monitor for further deterioration of the patient's respiratory status based on clinical condition and expected trajectory. The RAS paramedic should only defer transporting with the patient if there is both no expected clinical need AND the requester is comfortable with transporting without the RAS paramedic. The RAS Paramedic must accompany and transport any patient on whom they perform DAAM.

After-Call Actions

After-call actions include a combination of detailed documentation and verbal debriefing with a designated Regional EMS Physician. The intent of this process is to ensure that quality patient care is delivered, any RAS issues are immediately noted, and detailed clinical information is obtained. As outlined below, some debriefing will occur immediately after care is provided, while other debriefing will occur when possible after care is provided.

1. Patients Receiving DAAM

   After completing the DAAM (defined as the use of sedative and neuromuscular blocker administration), whether the procedure is successful or not, and following care transfer in the ED, the RAS is responsible for the following:
   a. Debriefing – After transfer of care, a verbal debriefing will be immediately performed either in person or via telephone with a Regional EMS Physician or the respective on-call county EMS Medical Director.
   b. PCR – A thorough and complete PCR must be completed immediately. The PCR must include the reasoning behind performing the DAAM procedure, 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. The monitor file is required to be attached to the online chart. If the Regional Medical Director or their designee cannot directly review the monitor file, a screenshot of the monitor file including the 10 minute peri-intubation period (5 min before and 5 min after) must be submitted via RedCap (https://redcap.link/DAAMMonitor) for regional review within one week by agency clinical leadership.

c. REDCap Quality Improvement Survey - The regional quality improvement survey for RAS clinicians 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

2. Patients for whom DAAM was not performed.

In some cases, either the RAS or Regional EMS physician providing online medical control will decide that DAAM is not indicated. In the event that this occurs, the RAS is responsible for the following:

a. Should the RAS wish to discuss the call, they can debrief in person with any receiving physician and/or may contact a Regional EMS Physician through the Grasshopper Medical Control Line. Although post-call debriefing is not required, the medical directors would be happy to discuss any DAAM with the involved paramedics as they see fit.
b. PCR – A thorough and complete PCR must be completed immediately. The PCR must include the reasoning behind not performing the DAAM, 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.
c. REDCap Quality Improvement Survey - The regional quality improvement survey for RAS must be completed *for every DAAM 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

QUALITY IMPROVEMENT

The Monroe-Livingston Regional Airway Quality Improvement Program includes the continuous measurement of airway quality measures and implementation of initiatives with the goal of improving patient-centered outcomes. Program-level performance on designated quality metrics will be made available to Regional and agency-level clinical leadership and RAS clinicians.

Changes to this policy will be done in accordance with the available literature, best standards and intensive continuing review of all DAAM procedures performed in the Monroe-Livingston region.

Approved by the Monroe-Livingston REMAC 6/16/2025