



EMT - BASIC ADVANCED AIRWAY MANAGEMENT PROGRAM

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Emergency Medical Services
& Trauma Systems
800 NE Oregon Street, Suite 607
Portland, OR 97232-2162
503-731-4011
www.dhs.state.or.us/publichealth/ems



EMERGENCY MEDICAL SERVICES AGENCY ADVANCED AIRWAY MANAGEMENT PROGRAM

Emergency Medical Technician – Basic Pharyngeal Esophageal Airway Device (PEAD)

Introduction:

Oregon Department of Human Services, EMS and Trauma Section (DHS-EMS) and The Board of Medical Examiners recognizes that airway management is one of the most important lifesaving skills a rural EMT can provide. The ADVANCED AIRWAY MANAGEMENT PROGRAM provides the mechanism for EMT-Basics to deliver advanced airway management, in the form of the PEAD (i.e., Combitube). The intent of this program is to allow agencies that do not have consistent availability to EMT Intermediate or paramedic airway intervention to provide EMT Basics the ability to provide advanced airway management.

Oregon EMS agencies with EMT Basics may choose to utilize this program as the means to train and authorize their EMT Basics to use the PEAD. At this time this is not a required program. EMS agencies may elect to implement the Advanced Airway Management Program.

Who may utilize this program:

All EMT Basics within those agencies who have successfully completed the appropriate training may provide advance airway intervention utilizing a PEAD device. This program is agency specific. It is not EMT specific and therefore does not automatically follow an EMT to another agency.

Requirements for the Advanced Airway Management Program:

1. Prior to training or implementation of the Advanced Airway Management Program, an agency must register with DHS-EMS.
2. The Supervising Physician/Medical Director of the EMS agency agrees to be responsible for the educational and operational component of the program, as well as the clinical integrity of the agency's Advanced Airway Management Program. These responsibilities will include but are not limited to personally (or another designated physician)

conducting the final practical examination's scenario component.

3. The agency/supervising physician may utilize:
 - a. DHS-EMS curriculum entitled "Emergency Medical Technician – Basic ADVANCED AIRWAY MANAGEMENT" and any accompanying skill sheets, scenarios, and supporting materials, as prescribed by DHS-EMS in this document,

-OR-

- b. A nationally published curriculum that contains the following objectives:
 - i. Respiratory Anatomy and Physiology
 - ii. Respiratory Volume and Management
 - iii. Assessing Respiratory Emergencies
 - iv. Basic Principals of Airway Management
 - v. Airway Suctioning: Review and application for PEAD
 - vi. PEAD use, indications, and contraindications
4. The agency will administer written and practical examinations on the use of PEAD. The supervising physician or another designated physician will oversee the practical testing. The agency will retain written and practical examination records and will permit those records to be examined by a DHS-EMS representative upon request.
5. The agency will keep appropriate records of attendance and competencies met for all participants. Attendance records will include the signature of each participant at each session, and certification by the course director that attests to the validity of the signatures.
6. The agency will keep examination materials properly secured. In the event that an agency fails to keep examination materials properly secured and those materials are compromised (disclosed to unauthorized persons), the agency agrees that it will bear all costs incurred by DHS-EMS in developing and distributing replacement examination materials.
7. Prior to commencement of the Emergency Medical Technician – Basic Advanced Airway Management class the agency shall notify DHS-EMS of:

- a. The proposed course schedule, including dates, times, and locations of each class session,
 - b. The dates, times, and locations of final written and practical examinations,
 - c. The name, contact phone numbers and email address (if applicable) of the instructor who will serve as course director, the course director must meet the requirements set forth in OAR 333-265-0020(2) for an EMT Basic course instructor.
8. DHS-EMS shall have the option of observing any class session and inspecting all records demonstrating compliance with the conditions of this process.
9. An Advanced Airway Management Program may be terminated at anytime by DHS-EMS for non-compliance with any of the requirements of this process.

**EMERGENCY MEDICAL SERVICES AGENCY
ADVANCED AIRWAY MANAGEMENT PROGRAM**

**Emergency Medical Technician – Basic
Pharyngeal Esophageal Airway Device (PEAD)**

Name of Agency_____

Name of Supervising Physician_____

Name of Person_____

Completing Application

The above-named agency hereby makes application to register to allow EMT Basics in its employ (including volunteers) to use the Pharyngeal Esophageal Airway Device.

In making this registration, the agency agrees to all requirements, terms, and conditions set forth by the EMS and Trauma Section (DHS-EMS) in Advanced Airway Management Program.

- The supervising physician responsible for overseeing the program and for the performance of EMTs under his/her supervision shall agree to all program terms by signature below.
- The chief officer shall agree to all program terms by signature below.

The agency agrees to comply with the following requirements:

- **ALL** EMT-Basics employed by the agency are required to complete the Advanced Airway Management Program.
- Individuals coming to the agency from another agency participating in the program will submit proper documentation of successful completion of the Advanced Airway Management Program before using the PEAD. The agency may require a written and practical examination. The agency may also require the individual to complete the agencies Advanced Airway Program.

- Instruction in use of the PEAD must be provided by currently certified EMT Intermediate or EMT Paramedic or by physicians trained in the use of the PEAD. The designated course instructor is responsible for all components of the course. The agency will utilize the DHS-EMS curriculum **or** a nationally published curriculum and accompanying skill sheets that meet the following:
 - a. A published curriculum that contains the following objectives:
 - i. Respiratory Anatomy and Physiology
 - ii. Respiratory Volume and Management
 - iii. Assessing Respiratory Emergencies
 - iv. Basic Principals of Airway Management
 - v. Airway Suctioning: Review and application for PEAD
 - vi. PEAD use, indications, and contraindications
- The agency will administer written and practical examinations to all participants. The supervising physician or another designated physician will conduct practical testing.
- The agency will keep adequate records of attendance and competencies for all participants. Attendance records will include signature of each participant at each session, and certification by the course director that attests to the validity of the signatures.
- The agency will keep examination material properly secured. In the event that an agency fails to keep examination materials properly secured DHS-EMS may revoke the program registration. If the exam materials become compromised, the agency agrees that it will bear all costs incurred by DHS-EMS in developing and distributing replacement examination materials.
- Prior to commencement the **ADVANCED AIRWAY MANAGMENT PROGRAM** class the agency shall notify DHS-EMS of:
 - Proposed course schedule, including dates, times and locations of each class session,
 - The dates, times and location of the final written and practical examinations,
 - The name, phone numbers, and email of the instructor who will serve as course director. The course director must meet the requirements set forth in OAR 333-265-0020 (2) for an EMT Basic course instructor.
- DHS-EMS shall have the option of observing any class session and inspecting

all records to determine compliance with the terms of the waiver. DHS-EMS may revoke the agency registration for non-compliance.

I hereby request registration of our agency in the ADVANCED AIRWAY MANAGMENT PROGRAM. The agency agrees to comply with all terms and conditions set forth in the program document. I understand agency registration is subject to termination for non-compliance with the terms and conditions set forth in this registration and the program document.

Physician Advisor (Signature)

(Print or type name)

Agency Chief Officer (Signature)

(Print or type name)

Approved by DHS-EMS

(Print or type name)

Date Approved

Please return this document to:

**Oregon Department of Human Services
Office of Public Health Systems
EMS and Trauma Section
PO Box 14450
Portland, OR 97293**

**Tel : (503) 731 4011
Fax : (503) 872 5400**