



Advanced Airway Education for 911 Fire/EMS Professionals

James Boomhower MS(c),B.S., FP-C, NR-P, C-NPT David Levesque RRT-ACCS, RRT-NPS, FP-C, NRP I/C, CNPT
Boston MedFlight



Problem Identification

National data has shown a progressive decline in the skillset of advanced airway management within the paramedic level skill set in Fire and EMS agencies over the past number of years. Our goal was to assist in the delivery of specialty airway education. This training is hypothesized to improve provider comfortability, competence, and successful airway management.

Needs Assessment

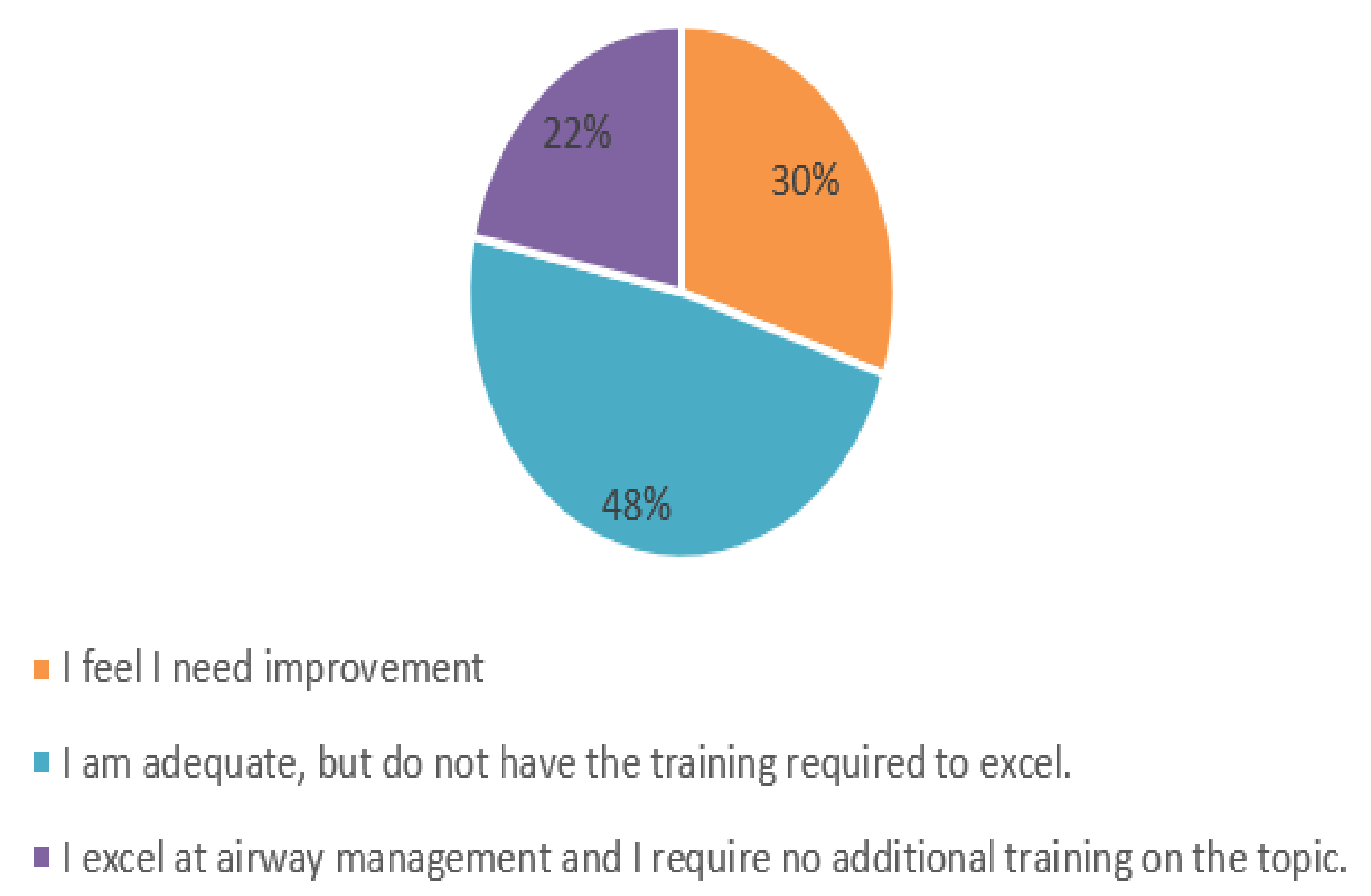
911 paramedics were surveyed in the pre and post delivery of specialty advanced airway management. Providers were asked about the applicability of the skills taught and rated the providers perceived change in competence with the procedures discussed. EMS providers were also surveyed regarding their perceived need and desire to have this specialty training.

Goals and Objectives

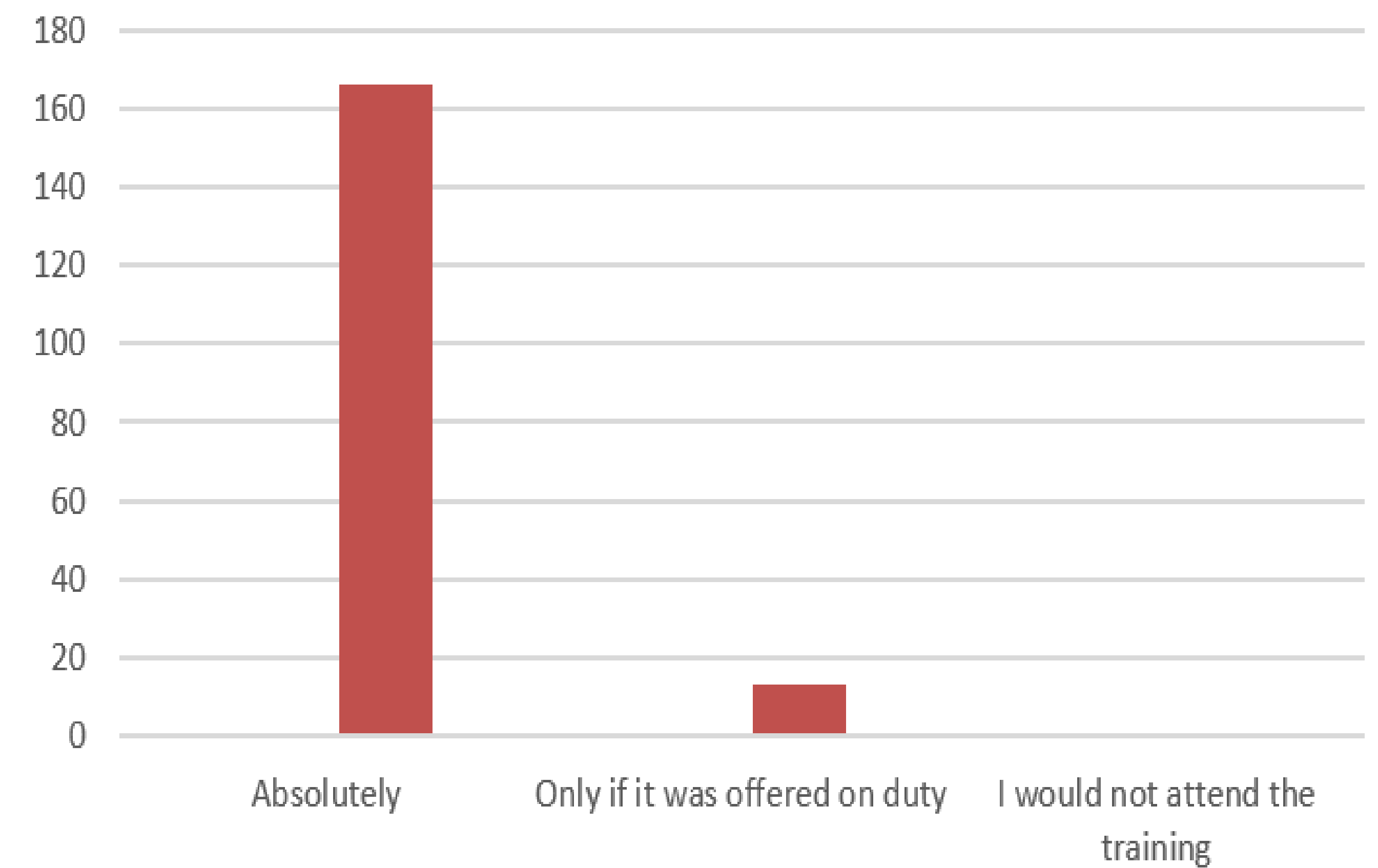
- Recognition of respiratory failure at both BLS and ALS levels.
- Awareness of modern approaches in respiratory failure management including pre intubation resuscitation.
- Recognize the need for airway adjuncts including suctioning, bougie, and video laryngoscopy.
- Familiarity with performing complex intubations including large airway compromise and limited mouth openings.

Charts

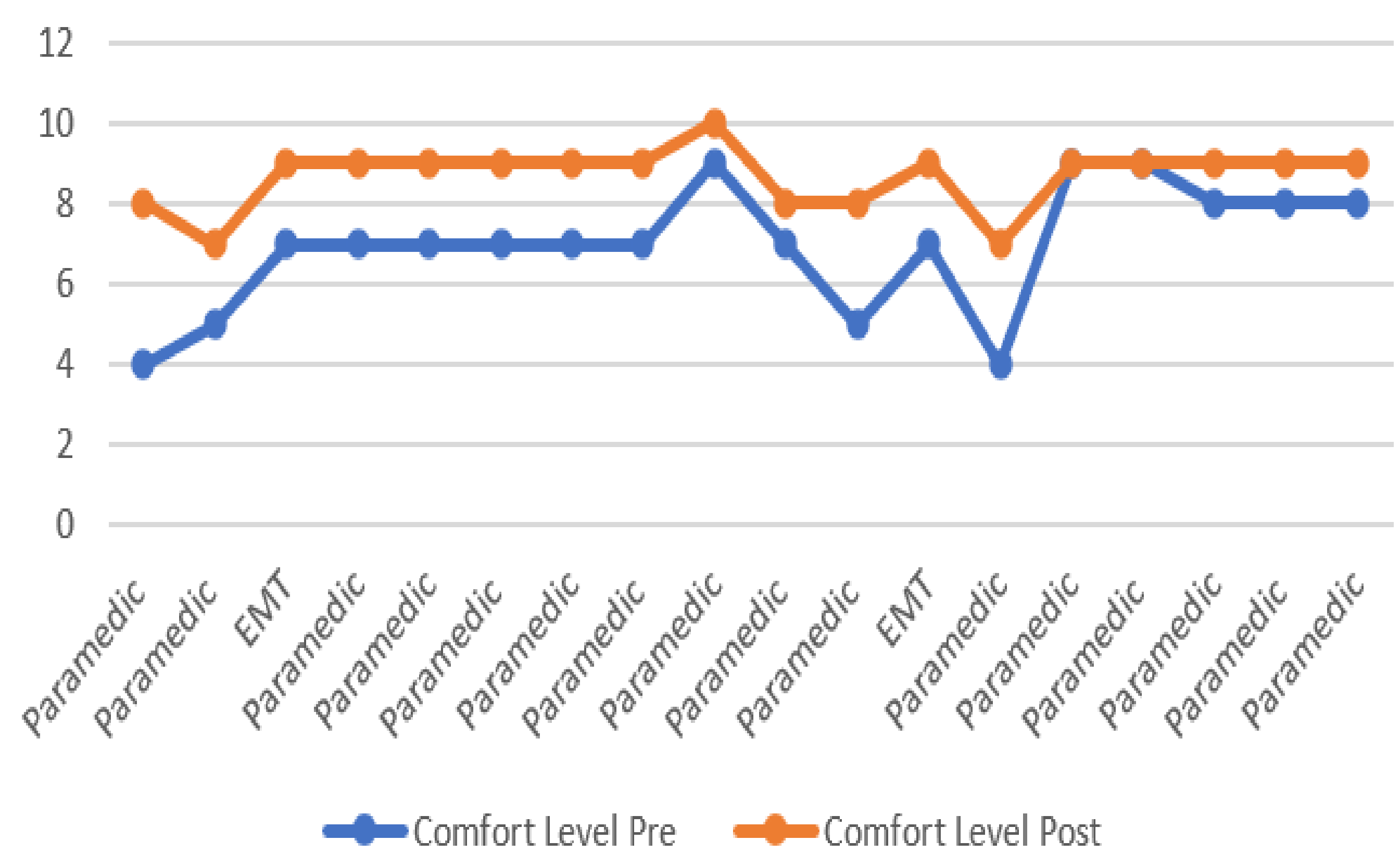
Baseline Comfort in Advanced Airway Management



Would You Attend Advanced Airway Training?



Confidence in Airway Management Before and after Advanced Airway Training



Educational Strategies

- Didactics
- Pre-course evaluations and assessments of baseline ability and comfortability.
- Simulation training
- This will be unique to the equipment and abilities of each FD/EMS agency. This will also incorporate the use of vomiting manikins to ensure competency of the SALAD technique
 - Skills assessment using department specific scenarios.

Implementation

- Small group format throughout the entirety of the class.
- Skills stations will be performed 1:1 to ensure each provider gets hands on time with material and equipment.
- Additional scenarios will be performed in a standard crew configurations for each department.

Evaluation

- Direct observations of performance in both 1:1 settings and team scenarios.
- Performance of skills application during simulation scenarios with direct feedback.
- Evaluations discussing applicability of material and improved confidence within each attendee.
- With department approval discuss changes in airway success rates with QI personnel for a 6-month period after course completion.