



## Central Shenandoah Emergency Medical Services Council

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Date: January 26, 2017  
To: Regional EMS Agencies  
From: Asher Brand, MD, CSEMS Regional Medical Director  
Re: Video Laryngoscopy

In 2009, the regional Performance Improvement Committee (PIC) began collecting and reviewing data on advanced airway management, including endotracheal intubation. The review of provider performance has been enlightening and has led to improved practice standards. A major practice modification was the introduction of the endotracheal tube introducer, commonly known as the bougie, which improved first attempt success rates by upwards of 20 points. Other initiatives that sought to improve performance included training administered through annual updates and recommendations for frequent agency-level skill practice.

While moderate performance improvement has been realized, disparity continues to exist, particularly based on certification level. In 2016, Intermediate level providers continued to trail behind industry benchmarks for intubation success, while Paramedic level providers met benchmarks. The PIC has also been reviewing advanced airway management using video-laryngoscopy. Early indicators suggest that improved performance may be achieved using this device, however, this idea is far from proven. At the most recent regional Medical Control Review Committee, the committee moved to support a recommendation that **Intermediate providers be required to utilize video laryngoscopy for intubation effective July 1, 2017.**

Based upon a unanimous vote of the region's medical directors, Intermediate providers wishing to intubate:

- must undergo extensive agency-based training on airways and video laryngoscopes.
- must use a video-laryngoscope for any and all intubation attempts.

It is **extremely important** to note that Intermediate providers are **not required** to perform tracheal intubation at all. There is no science to support clinical improvement. In fact, there are reasons to think that it might be dangerous in some disease states. Physiologic factors out of the control of the medic, can make the procedure dangerous. Therefore, agencies may elect not to buy video laryngoscopes. That said, these tools are helpful to paramedics continuing to intubate patients.

The Financial Assistance for Emergency Medical Services Grants Program, known as the Rescue Squad Assistance Fund (RSAF) Grant Program, is available to help you defer the cost of implement a video laryngoscope program, should you *choose* to purchase these devices. The next grant cycle opens February 1, 2017 and closes March 15, 2017 at 5:00 PM.

If you have any questions, suggestions or concerns about the recommendation or implementation of a video laryngoscope program, please contact your Operational Medical Director and/or myself.

Regards,

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