

NORTH CAROLINA RESPIRATORY CARE BOARD

POSITION STATEMENT

PROVISION OF EMERGENCY AIRWAY PROCEDURES BY RESPIRATORY CARE PRACTITIONERS

The North Carolina Respiratory Care Board is issuing this position statement to provide guidance to its licensees, to other health care providers and to health care organizations. This position statement presents the Board's interpretation of the Respiratory Care Practice Act (RCPA) and the Board's Rules, as they relate to providing emergency airway care and necessary training by Respiratory Care Practitioners (RCP) in clinical environments, such as a hospital. The Board is issuing this position statement to provide advance guidance, reduce confusion and save interested parties from having to prepare and present individual requests to the Board.

The RCPA is founded on the North Carolina General Assembly's determination, in N.C. Gen. Stat. 90-647, that the practice of respiratory care, as defined "affects the public health, safety, and welfare," and that persons practicing respiratory care should be licensed to ensure a minimum standard of competency in the practice of Respiratory Care and to protect the citizens of North Carolina from the unqualified practice of Respiratory Care, and from unprofessional conduct. Thus, at its core, the RCPA was enacted to protect the public and ensure that essential health care services are delivered effectively.

Like all licensing boards, the Board is charged with the responsibility of maintaining the integrity of the profession that it regulates, and the conduct of the individuals whom it supervises. Therefore, it has been and will continue to be the position of this Board that the practice of respiratory care in every setting may only be conducted by licensees of

this Board and by other professionals who are qualified under N.C. Gen. Stat. § 90-664(1) due to a license or credential from another board or agency.

Any procedure, skill, or medication identified by the Board as within the scope practice of Respiratory Care, including those that fall under N.C. Gen. Stat. § 90-648, constitutes the practice of respiratory care regardless of practice setting, and must be provided by a respiratory care practitioner, or by some other professional who meets the standards in N.C. Gen. Stat. § 90-664(1) to be exempted from the Act. Under the Respiratory Care Practice Act, “the Practice of Respiratory Care” includes a number of services or procedures which includes the interpretation and implementation of a physician's written or verbal order pertaining to the acts described in N.C. Gen. Stat. § 90-648. The procedures listed in N.C. Gen. Stat. § 90-648 (10)(d) include performing cardiopulmonary resuscitation, maintaining natural airways, inserting artificial airways, and maintaining artificial airways under the direct supervision of a recognized medical director in a health care environment which identifies these services within the scope of practice by the facility's governing board.

Emergency airway management is within the scope of practice of respiratory care as defined by Respiratory Care Practice Act under § 90-648 (10)(b); and it also is the position of the Board that national standards of practice should be considered when developing policies, procedures, and protocols.

Accordingly, NCRCB has analyzed the potential issues under the RCPA and the Board’s Rules to develop this Position Statement, which will be posted on the Board’s website; but the Board reserves the right to update, revise and revoke this Position Statement as it deems appropriate, and will publish notice of any such action on its website. *Since this position statement only addresses emergency airway care in clinical environments, it does not modify or affect any of the Board’s prior declaratory rulings, including the ruling on Critical Care Transport.*

GENERAL PRACTICE STANDARDS FOR EMERGENCY AIRWAYS

In carrying out emergency airway procedures, Respiratory Care Practitioners should follow the most current age appropriate (adult, pediatric, or neonatal) resuscitation guidelines contained within the Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation Protocol (NRP) issued by the American Heart Association. In addition, the following recommendations contained within the joint position statement in January 2005 by The American College of Emergency Physicians (ACEP), American College of Surgeons Committee on Trauma (ACS-COT), and the National Association of EMS Physicians (NAEMSP) should be observed in emergency airway care:

- medical direction with concurrent and retrospective oversight supervision;
- standardized age appropriate protocols for procedure performance;
- proper training and continuing education designed to demonstrate initial and ongoing competence in the procedure, including training in airway management of patients who cannot be intubated;
- having backup rescue airway methods available in the event of failed intubation and training and continuing education to demonstrate competence in their use;
- having resources available for continuous monitoring and recording of heart rate and rhythm, oxygen saturation, and end-tidal carbon dioxide, before, during, and after intubation;
- appropriate training and equipment to confirm initial tube placement and to verify ongoing tube placement ; and
- continuing quality assurance, quality control, performance review, and when necessary, supplemental training.

Competency and Certification

Institutions are responsible for determining and documenting the level and frequency of competence and qualifications required for someone to assume clinical responsibility for resuscitation and related activities. Institutions should provide consistent, frequent

opportunities to maintain clinical competency. For intubation, frequent opportunities are usually not forthcoming; therefore, an institutionally acceptable substitute for human intubation practice is recommended. Simulation and debriefing activities should be used to maintain competency. The Board supports the use of new technologies including the use of telehealth educational and simulation activities to assist RCPs in maintaining competency.

The Board recommends RCPs successfully complete Advanced Cardiac Life Support (ACLS), or Pediatric Advanced Life Support (PALS) or Neonatal Resuscitation Protocol (NRP) certification by the American Heart Association when performing advanced care procedures beyond airway management based on the age group treated. Completion of one or more programs does not imply that an RCP is competent to perform intubation or other resuscitative measures.

Resuscitation Team Approach

Institutions should develop age appropriate resuscitation teams when possible. RCPs must be appropriately trained to stabilize adults, children, and infants requiring resuscitation regardless of whether they perform intubation or other advanced procedures. The Board recommends institutions follow the national guidelines for resuscitation teams.

Supervision

A procedure's acuity and the RCP's competency should determine the level of supervision required. Institutions are responsible for determining and documenting level of supervision required. Once competency is determined, general or indirect supervision by a physician or advanced practice provider with the scope of practice for resuscitation and related activities is acceptable as determined by institutional policy.

GUIDELINES APPLICABLE TO PERFORMANCE OF EMERGENCY AIRWAY PROCEDURES

Based on all these considerations, the Board concludes that the following guidelines must be followed by RCP's providing emergency airway management to patients receiving care in North Carolina hospitals, Ambulatory Surgical facilities and Cardiac Rehabilitation Facilities which are licensed under Chapter 131E or in facilities licensed under Chapter 122C of the North Carolina General Statutes.

Basic Practice Requirements

- The facility must have written policies and procedures for the emergency airway procedures by RCP's.
- Any RCP who engages in these activities must have medical supervision and provide intubation under the direct orders of the physician as determined by institutional policy.
- Any RCP who engages in these activities should be registered by the National Board for Respiratory Care as a Registered Respiratory Therapist (RRT) or meet the necessary credentialing requirements as determined by institutional policy. Should any question arise about the appropriateness of the practice credential, the Board will provide guidance for individual situations on request, with sufficient advance notice.
- The RCP must be certified as competent under the guidance of a physician or advanced practice provider skilled in intubation as determined by institutional policy and the Respiratory Care Service's policy to provide emergency airway procedures.
- The RCP must be knowledgeable about the techniques, medications, side effects, monitoring devices, response or untoward effects of medications, and documentation for any specific procedure.
- The RCP must monitor patients undergoing emergency airway procedures and must be able to recognize the associated complications.

- The RCP must comply with the continuing education requirements of 21 NCAC 61 .0401. All continuing education performed must be approved as outlined in 21 NCAC 61 .0401.
- The RCP must have an annual documented emergency airway procedure competency evaluation as determined by institutional policy.
- The RCP and the facility in which emergency airway procedures is performed are responsible for completing and maintaining the documentation.

Advanced Practice Requirements

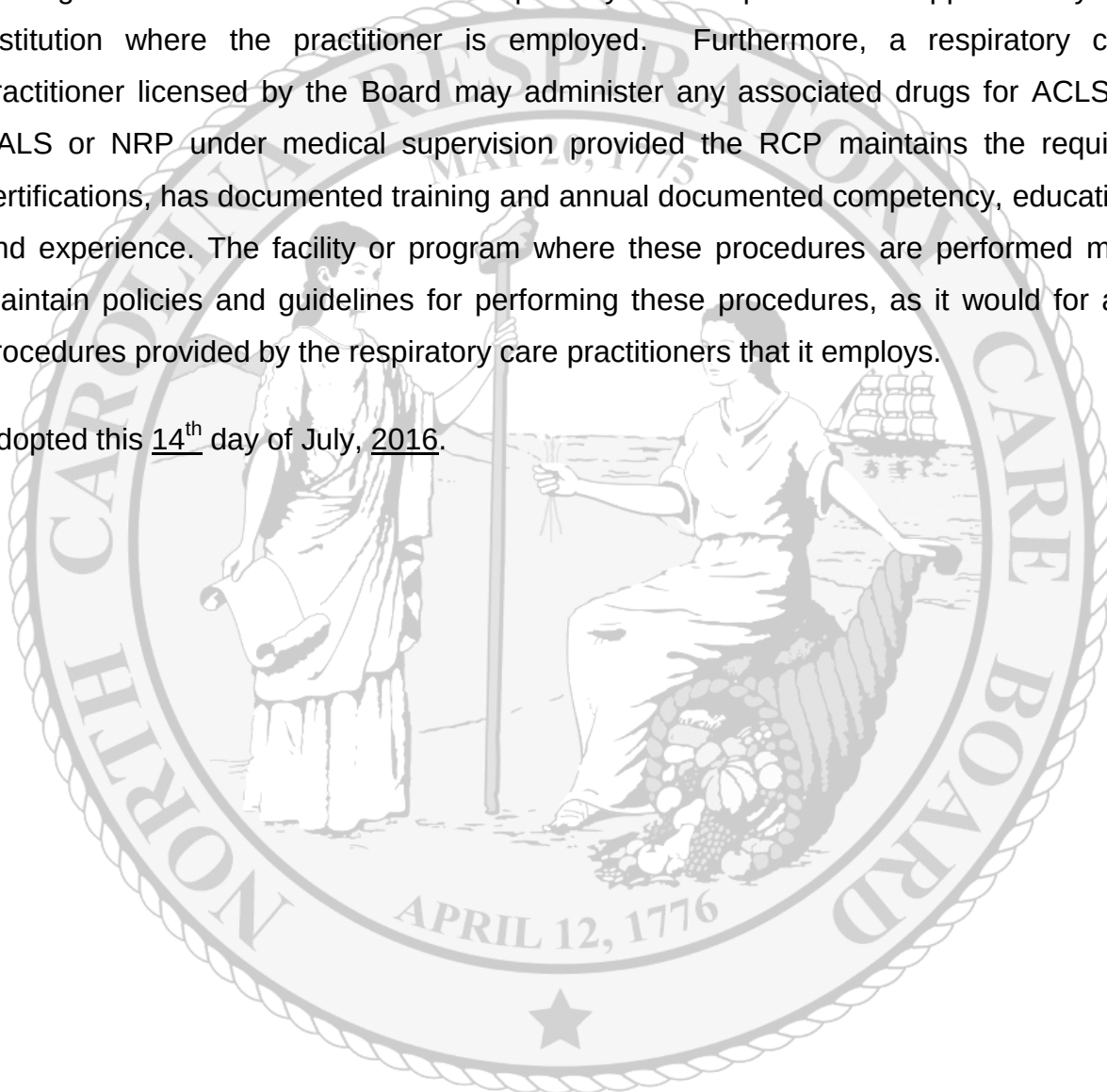
In addition to the basic practice requirements, RCP's may administer any associated drugs under medical supervision provided the following criteria are met.

- The RCP providing the medication should not be also managing the airway.
- The RCP must maintain ACLS or PALS or NRP certification if administering any associated drugs as outlined by these certifications for the age group treated.
- The RCP may only administer any associated drugs under medical supervision within the context of the advance lifesaving certification. For this portion of the position statement, "direct supervision" means that the physician must be in the room to furnish assistance and direction throughout the performance of the procedure.
- The RCP administering any associated drugs under medical supervision within the context of the advance lifesaving certification must have additional training as determined by institutional policy, and a minimum of two years post graduate experience or, at a minimum of a Bachelor of Science in Respiratory Therapy or equivalent.
- Any RCP who engages in these activities must be registered by the National Board for Respiratory Care as a Registered Respiratory Therapist (RRT) and meet the necessary credentialing requirements as determined by institutional policy. Any RCP deemed competent prior to the date of the position statement as determined by institutional policy are not affected by the credentialing requirement. Should any

question arise about the appropriateness of the practice credential, the Board will provide guidance for individual situations on request, with sufficient advance notice.

In summary, the Board has determined that a respiratory care practitioner licensed by the Board may provide emergency airway procedures if he or she has documented training and annual documented competency in the procedures approved by the institution where the practitioner is employed. Furthermore, a respiratory care practitioner licensed by the Board may administer any associated drugs for ACLS or PALS or NRP under medical supervision provided the RCP maintains the required certifications, has documented training and annual documented competency, education, and experience. The facility or program where these procedures are performed must maintain policies and guidelines for performing these procedures, as it would for any procedures provided by the respiratory care practitioners that it employs.

Adopted this 14th day of July, 2016.



REFERENCES

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2. Sole ML, Bennett M. Comparison of airway management practices between registered nurses and respiratory care practitioners. *Am J Crit Care Off Publ Am Assoc Crit-Care Nurses*. 2014 May;23(3):191–9; quiz 200.
3. Apfelbaum JL, Hagberg CA, Caplan RA, Blitt CD, Connis RT, Nickinovich DG, et al. Practice guidelines for management of the difficult airway: an updated report by the American Society of Anesthesiologists Task Force on Management of the Difficult Airway. *Anesthesiology*. 2013 Feb;118(2):251–70.
4. Joffe AM, Liew EC, Olivar H, Dagal AHC, Grabinsky A, Hallman M, et al. A national survey of airway management training in United States internal medicine-based critical care fellowship programs. *Respir Care*. 2012 Jul;57(7):1084–8.

