



HUDSON VALLEY REGIONAL  
EMERGENCY MEDICAL SERVICES COUNCIL, INC.  
33 Airport Center Drive ~ Suite 204, Second Floor  
New Windsor, NY 12553  
(845) 245-4292 Phone  
(845) 245-4181 Fax  
hvremSCO@hvremSCO.org  
www.hvremSCO.org

**Application to Provide Rapid Sequence Intubation (RSI) for  
Paramedic Level EMS Agencies**

Enclosed are the Rapid Sequence Intubation (RSI) Protocol and Training Curriculum established by the Hudson Valley Regional Medical Advisory Committee (HVREMAC).

In accordance with the Hudson Valley Regional RSI Program, if your agency elects to provide RSI procedures within the Hudson Valley Region, your agency must submit a completed application to the HVREMAC which includes each of the following:

1. Acknowledgement from the agency's authorized representative and medical director to satisfy all of the requirements of the HVREMSCO MFI Program (Attached).
2. Completed application that contains all pertinent agency information (Attached).
3. Completed Quality Improvement Participation Agreement (Attached).

**Note:** Please understand that an individual or agency's privilege to provide Medication Facilitated Intubation procedures may be revoked or suspended at any time for cause by the HVREMAC, and that MFI credentialing and privileges are restricted for use with the agency that has applied for the MFI program with the HVREMAC.



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**Rapid Sequence Intubation Program Participation Agreement**

This Agreement, dated \_\_\_\_\_ by and between The Hudson Valley Regional Emergency Medical Services Council, INC. (Hereinafter HVREMSCO) and \_\_\_\_\_

(Hereinafter the "Agency"). Whereas, the Agency desires to participate in and associate with HVREMSCO as a Rapid Sequence Intubation Program Participating Service and HVREMSCO desires participation and association with said Agency, it is hereby agreed, in consideration for participation and association with said system as follows:

Said Agency shall, as a Rapid Sequence Intubation Program Advanced Life Support Service associated and participating in and/or with HVREMSCO agrees to the following:

1. To utilize only HVREMAC credentialed paramedics authorized by the Agency Medical Director and the HVREMAC to perform Rapid Sequence Intubation;
2. To utilize and adhere to current HVREMAC approved Rapid Sequence Intubation training requirements and procedures and interim updates;
3. To utilize current HVREMAC approved Rapid Sequence Intubation protocols and coordinate direct medical control with an authorized Hudson Valley Regional Medical Control Hospital;
4. To identify an authorized HVREMAC approved Medical Director to oversee Rapid Sequence Intubation Program participation;
5. To comply with HVREMAC Continuing Medical Education Procedures with respect to Rapid Sequence Intubation;
6. To conduct mandatory Quality Improvement reviews of all Rapid Sequence Intubations and report all Rapid Sequence Intubations to the HVREMAC and Agency Medical Director within 72hrs of the event;
7. To comply with current HVREMAC Rapid Sequence Intubation equipment requirements.

Agency Representative's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Medical Director's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Failure to comply with any of the above mentioned requirements may result in a revocation of the HVREMAC authorization to participate in the RSI Program.



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**Provide Rapid Sequence Intubation Procedures**

**Name of Ambulance Service:** \_\_\_\_\_

**Type:**                      ( ) Ambulance Transport    ( ) ALSFR

**Name of Chief Operations Officer(s):** \_\_\_\_\_

**E-mail of Chief Operations Officer (s):** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_                      **FAX Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

	Street		PO BOX
City	County	State	Zip

**Specific Geographic Area of Proposed Operation:** \_\_\_\_\_

**Projected Date of Implementation:** \_\_\_\_\_

**Number of Participating Paramedics:** \_\_\_\_\_

**Type of Alternative Airway Adjunct Paramedics will Utilize if Intubation is Unobtainable**

( ) Combitube (or similar device)    ( ) King Airway    ( ) Laryngeal Mask Airway

The undersigned acknowledges that he/she has received and read the HVREMAC Medication Facilitated Intubation Program Protocols and Training Procedures and certifies to the accuracy of the information contained on this agreement and within the attachments.

**Agency Representative's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Agency Medical Director's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Quality Improvement Participation Agreement**



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Hudson Valley Regional EMS Medical Advisory Committee (HVREMAC) approval of your application to provide Medication Facilitated Intubation is contingent upon your commitment to participate in a Quality Improvement Program as required by Article 30, Section 3006 of the New York State Public Health Law.

This program may be conducted independently or in collaboration with other services (With the HVREMSCO, an affiliated hospital, or with another appropriate organization approved by the New York State Department of Health).

This Program shall follow the guidelines from the NHTSA publication "A Leadership Guide to Quality Improvement for Emergency Medical Services Systems," available at [www.hvremSCO.org/QualityImprovement](http://www.hvremSCO.org/QualityImprovement).

The HVREMAC recommends that your agency identify a Quality Improvement Officer/Coordinator who will be responsible for the coordination of your agency's Quality Improvement Committee and related activities.

Your agency's Quality Improvement Committee shall fulfill all of the responsibilities outlined in Article 30 of the New York State Public Health Law and the HVREMSCO approved Quality Improvement Manual.

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Quality Improvement Contact \_\_\_\_\_

Chief Officer's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_