

Recommendation on Airway Competency

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Definition of Airway Competency

The paramedic student should establish airway competency by mastering the following:

1. Adequately assess, establish, maintain and monitor the airway throughout patient contact.
2. Perform basic airway management, including the use of basic maneuvers and airway adjuncts.
3. Prepare and perform advanced airway management.
4. Demonstrate psychomotor skill proficiency related to all levels of airway management.



Definition of Airway Competency

The paramedic student should establish airway competency by mastering the following:

5. Perform airway management in various environments, including laboratory, clinical and field.
6. Verify correct placement of airway devices utilizing the following assessments and adjuncts: direct visualization (preferred), capnography (preferred), indirect visualization, chest sounds, abdominal sounds, oxygen saturation, changes in level of consciousness, skin color, and vital signs.
7. Demonstrate critical thinking and clinical judgment regarding total airway management decision making.



The paramedic student should be successful in **any** combination of live patients, high definition fidelity simulations, low fidelity simulations, or cadaver labs in all age brackets (neonate, infant, pediatric, and adults). High definition simulation, defined by Sim man, METI man, etc., is highly recommended but optional. Low fidelity simulation is defined by traditional simulation manikin heads, such as Laerdal, Nasco, Simulaid, etc. **Paramedic students should have exposure to diverse environments of learning, including but not limited to hospital units (e.g., operating rooms, emergency departments, intensive care units); ambulatory surgical centers; out of hospital settings (e.g., ambulance or field environments); and in laboratory settings (e.g. floor, varied noise levels, and varied lighting conditions).**

Based on current research, **the paramedic student should have no fewer than fifty (50) attempts at airway management across all age levels (neonate, infant, pediatric and adult). And, in order to demonstrate airway competency, the student should be 100% successful in their last twenty (20) attempts at airway management.** Airway management may be accomplished utilizing any combination of live patients, high fidelity simulations, low fidelity simulations, or cadaver labs.

It is recommended that the majority of attempts be accomplished by using either live patients, realistic simulation labs, or both. As with all other required skills, terminal competency in airway management must be defined by the program's Advisory Committee and validated for each student by the program's Medical Director.

Airway Competency Statement is NOT a standard
– only a recommendation

Recommendation is based
on medical science research



Paramedic students need to be successful in
ANY combination of airway management tools



As with all other required skills,
terminal competency in airway management
must be **DEFINED** by the program's **Advisory
Committee** and **validated by** the program's
Medical Director.

Summary

- ⦿ As the field of EMS moves toward evidence-based science, so must the education of EMS providers.
- ⦿ The airway recommendation is the first step in this process.
- ⦿ *Remember:* This is only a **recommendation** based on the current medical research – **NOT A STANDARD!** The program may choose how it determines airway competency.
- ⦿ Similar to ACLS, this recommendation may change over time with evidence-based science.

Questions?

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