



# Policy Statement

## **Supraglottic Airway Implementation for BLS Practitioners**

### **PURPOSE**

The purpose of this policy is to provide guidance to certified services wishing to implement the use of a Supraglottic Airway by Basic Life Support (BLS) practitioners for patients in cardiac arrest.

### **AUTHORITY**

Article 30, Section 3002

### **SCOPE**

All certified ambulance services or Advanced Life Support First Response (ALSFR) services with Basic Life Support (BLS) level practitioners.

### **DEFINITIONS**

Certified ambulance service is defined in 800.3 (j) and is applicable to this policy statement.

Advanced Life Support First Response (ALSFR) service is defined in 800.3 (ae) and is applicable to this policy statement.

Supraglottic Airway device (SGA) means a medical device that is inserted into the pharynx to maintain a patent airway and facilitate ventilation without the need for endotracheal intubation. The device must be Food and Drug Administration (FDA) approved.

### **POLICY**

The New York State Emergency Medical Advisory Committee (SEMAC) and the New York State Emergency Medical Service Council (SEMSCO) approved the use of a Supraglottic Airway (SGA) by an Emergency Medical Technician (EMT) at their September 2024 meetings. The Commissioner of Health has approved the addition of Supraglottic Airway (SGA) use by Emergency Medical Technicians (EMTs) as part of their scope of practice in New York State.

The Supraglottic Airway (SGA) has been approved for use in adult and pediatric patients in cardiac arrest by New York State certified Emergency Medical Technicians (EMTs) when trained and equipped, and if regionally approved.

## **Education**

The Regional Emergency Medical Advisory Committee (REMAC) will approve the training programs implementing Supraglottic Airways(SGAs) at the Basic Life Support Level for certified ambulance services and Advanced Life Support First Response (ALSFR) services.

## **Registration for Implementation**

- 1) A certified ambulance service or Advanced Life Support First Response (ALSFR) service seeking authorization to use Supraglottic Airway (SGA) devices at the Basic Life Support (BLS) level must make a written notification to the appropriate Regional Emergency Medical Advisory Committee (REMAC). The notification shall include, but is not limited to the following:
  - a) Application for use of Supraglottic Airway by Basic Life Support (BLS) providers. The application may be found at this link: [Supraglottic Airway for BLS Agency Application](#)
  - b) Updated Form 4362 Medical Director Verification which by signing, the medical director attests to the following:
    - i) Approval of agency training program;
    - ii) Capability for continuous waveform capnography monitoring; and
      - (1) The device a service implements to monitor waveform capnography is not required to have the capability to record and print the waveform, only to clearly display waveform and end tidal carbon dioxide readings.
    - iii) Review of each implementation by the service medical director.
  - c) The name / brand / model of the Supraglottic Airway (SGA) device being utilized by the certified service or Advanced Life Support First Response (ALSFR) service.
  - d) If the service changes devices, notification must be made to the appropriate Regional Emergency Medical Advisory Committee (REMAC) for re-approval prior to implementing any changes.
  - e) Written policies and procedures that include, but are not limited to:
    - i) Practitioner training and education, which must include, but is not limited to, the following core components:
      - (1) Understanding and monitoring of waveform capnography readings;
      - (2) Contraindications for Supraglottic Airway (SGA) implementation; and
      - (3) Documentation standards, including the required entries contained within this policy statement.
    - ii) A plan for maintenance of competency.
    - iii) Continuing education requirements.
    - iv) Use of Supraglottic Airway (SGA) devices consistent with Regional and State policies and protocols.
  - f) A quality assurance plan that details the process for review of each use by agency medical director.
- 2) Review and Approvals:

- a) Applications will be submitted to the appropriate Regional Emergency Medical Advisory Committee (REMAC) and the Department.
  - b) The REMAC will review the training plan and submission by the service.
  - c) If the application is not complete or the training plan not sufficient, the REMAC will notify the service and advise they must resubmit all documents.
  - d) The REMAC will notify the Department if the training plan is approved and the submission complete at [EMS.Licensure@health.ny.gov](mailto:EMS.Licensure@health.ny.gov).
- 3) The Department will notify the service that they are approved to implement the SGA program. Upon receipt of notification, the service must submit an updated Medical Director Verification form indicating SGA approval. The Medical Director Verification Form may be found at this link: [EMS Forms](#).

### **Documentation and Patient Care Standard**

- 1) Documentation of Supraglottic Airway (SGA) implementation in a prehospital care report which must include, but is not limited to, the following entries from the National Emergency Medical Services Information System (NEMSIS) fields:
  - a) Indications for Invasive Area (eAirway.01)
  - b) Date/Time Procedure Performed (eProcedures.01)
  - c) Procedure (eProcedures.03)
  - d) Size of Procedure Equipment (eProcedures.04)
  - e) Number of Procedure Attempts (eProcedures.05)
  - f) Procedure Successful (eProcedures.06)
  - g) Verification of correct placement with continuous waveform capnography
  - h) Procedure Complication (eProcedures.07)
  - i) Response to Procedure (eProcedures.08)
  - j) Procedure Crew Members ID (eProcedures.09)
  - k) Role/Type of Person Performing the Procedure (eProcedures.10)
  - l) Procedure Authorization (eProcedures.11)
  - m) Procedure Authorizing Physician (eProcedures.12)
  - n) Date/Time Airway Device Placement Confirmation (eAirway.02)
  - o) Airway Device Being Confirmed (eAirway.03)
  - p) Airway Device Placement Confirmed Method (eAirway.04)
  - q) Type of Individual Confirming Airway Device Placement (eAirway.06)
  - r) Crew Member ID (eAirway.07)
  - s) Airway Complications Encountered (eAirway.08) Suspected Reasons for Failed Airway Management (eAirway.09) if appropriate
  - t) Periodic reassessment of Supraglottic Airway (SGA) placement, especially after patient movement.
  - u) Serial recording of vital signs, including wave form capnography, at a minimum every five (5) minutes.
- 2) Patient Care Turnover:
  - a) If an Advanced Life Support (ALS) intercept occurs, documentation must include the following:
    - i) Time of turnover of patient care to the Advanced Life Support (ALS) provider.
    - ii) Advanced Life Support (ALS) confirmation of Supraglottic Airway (SGA) placement.
    - iii) Supraglottic Airway (SGA) removal, if performed.

- iv) If no Advanced Life Support (ALS) is available, the emergency department Medical Control NP, PA, or Physician (MD/DO) must confirm placement.
  - (1) Placement confirmation must be documented in the patients care record, regardless of level of practitioner confirming placement.
- b) In the event a patient is not transported, and care is not turned over to Advanced Life Support (ALS):
  - i) Document all confirmation methods used to confirm correct placement.

### **General Guidelines and Requirements**

- 1) Supraglottic Airway (SGAs) may only be used by certified providers who have been credentialed by their agency medical director. The Regional Emergency Medical Advisory Committee (REMAC) may maintain a registry of providers who have been credentialed by their agency medical director for regional awareness and tracking of the program.
- 2) A certified ambulance agency or Advanced Life Support First Response (ALSFR) service may only implement the use of Supraglottic Airway (SGAs) by certified Basic Life Support (BLS) providers after they have met the requirements contained in this policy statement.

Any questions regarding this policy statement may be forwarded to the Standards and Licensure Bureau at: [EMS.Licensure@health.ny.gov](mailto:EMS.Licensure@health.ny.gov).

### **Resources:**

The following training resources may be found on [Vital Signs Academy](#):

**Supraglottic Airway for the Basic Life Support (BLS) Provider**

**Capnography for the Basic Life Support Provider**