



Supraglottic Airway Checklist

Date: _____

Agency: _____

Agency Contact

Name: _____

Email: _____

Original

Device Change

Submit to Region

- Apply on-line SGA Portal & submit Medical Director Verification Form (DOH-4362)
- Initial Training Program
- Continuous Competency Program
- Capability of Continuous Waveform Capnography – Device name: _____
- Adult SGA – Device name: _____
- Pediatric SGA – Device name: _____ N/A
- Written agency policy & procedures
- Ability to document in agency ePCR program
- QA plan **Must include plan for Medical Director review for each use**

Regional Review and Approval

- Document review: _____
- Regional approval: _____
- Region submit approval/rejection to DOH: _____
- Region notify agency of approval/rejection: _____

Agency Re-Submit to State EMS

- Medical Director Verification Form (DOH-4362)