



# Suffolk REMAC

Suffolk Regional Emergency Medical Advisory Committee

360 Yaphank Avenue, Suite 1B • Yaphank, NY 11980

Telephone: 631-852-5080 • Fax: 631-852-5028 • Website: [www.suffolkremasco.com](http://www.suffolkremasco.com)

*This meeting summary will not be considered final until formally approved at the March 24, 2026 meeting.*

## Meeting Summary

January 27, 2026

**Hospitals / Physician Members-at-Large Represented:**

**See Attendance List**

**Non-Voting Members Present:**

**See Attendance List**

**EMS Division Staff Present:**

**See Attendance List**

**Sub-Committee Meeting Attendance:**

**See Attendance List**

### **Call to Order:**

The meeting was called to order at 1905 by Chairman Dr. Marshall, presiding. The pledge was recited and there was a moment of silence. The secretary took roll call of attendees and determined that a quorum was present, and official business could be conducted.

### **Chairperson's Motions:**

- Dr. Marshall asked for a motion to approve November 25, 2025, minutes as distributed. Dr. Winslow made the motion to approve, seconded by Dr. Guszack. The motion passed without opposition.
- The Chairman decided to hold the election for the vacant physician-at-large position first, as help was available for a short time. Ballots were distributed to all voting members.
- The chairman reviewed the election process and outlined that REMAC is recommending to REMSCO a candidate for appointment to the REMAC. Each candidate on the ballot was given a moment to speak. Dr. Rubano and Dr. Goodman spoke on their experience. Ballots were tabulated by Ellen Komosinski. It was later announced that the physician that was elected to the vacancy is Dr. Jerry Rubano. Dr. Marshall congratulated Dr. Rubano and urged Dr. Goodman to remain involved, as seats will open in the future.

### **Chairperson's Report:**

- Dr. Marshall notified the membership that a letter was being sent out the next day to the system stating that REMAC Credentialing Cards are no longer being given out, and employers should not require them.
- The annual agency roster template is available on the REMSCO website. Please submit completed rosters to REMAC.

### **Vice Chairperson's Report:**

- Dr. Geffken was excused, no report.

### **Second Vice Chair's Report:**

- Dr. Guszack stated that his report will be covered later in the meeting.

## Correspondence:

- No report.

## EMS Division Report

### System Medical Director Report and the State Council Report– Dr. Winslow:

- Dr. Winslow reported:
  - “The meetings of the State Council were held on December 8 to 10 in Troy NY. I will summarize the meetings information below. A full detailed 3-page report was added to the REMSCO January 13 meeting minutes for all to review.
    - Contracts for the regional Program Agencies and regional REMSCOs are about half completed across New York State at this time. The Suffolk County REMSCO contract is in the final stages of approval but is not yet approved for vouchering to get reimbursement – I want to thank Jen Hannigan for all her hard work and many hours of her time spent on trying to get the REMSCO contract finalized – thank you Jen. The Suffolk County Program Agency contract was approved and vouchering began last week so that is good news. For the REMAC’s situational awareness, the Suffolk County EMS Division of Fire, Rescue and Emergency Services staff serve as the Program Agency – the overall mission of the Suffolk County Program Agency is EMS agency and EMS provider support and assistance through administrative and educational support. The Program Agency serves the regional councils REMSCO REMAC and RTAC in both administration and quality improvement initiatives. The MOU with the Suffolk County REMSCO and REMAC was updated at the July 2025 meeting and is good through 12/31/2029.
    - The National Registry has fixed its website problems so that EMS providers who are gaining NYS Certification either through the alternate pathway of National Registry or for out-of-state applicants so that they may obtain proof of certification within 2 weeks.
    - The EMS Memorial for 2026 is scheduled for May 19 in Albany.
    - The New York State Vital Signs conference for 2026 is scheduled for November 10 to 14 in Niagara Falls.
    - The new blood implementation regulations are in the final stages of completion by NYS and should be ready for review and public comment later this year.
    - Term limits were discussed and clarified and the SEMSCO membership may serve a maximum of 8 years or 4 terms of 2 years. The SEMAC membership may serve indefinitely. There was some discussion about having term limits for the SEMAC members but no motions were made.
    - News on the Protocols for 2026 - There are 2 new OBGYN protocols – one for Preeclampsia and one for Obstetric Hemorrhagic Shock to have Paramedics administer Oxytocin, blood products and Tranexamic acid. Also, Olanzapine is moving to standing orders for the Paramedic, PO acetaminophen and ibuprofen will be approved for the EMT-Basic and IV acetaminophen and ondansetron will be approved for the Advanced EMT. For RSI two new additions – post-procedure push dose Epinephrine and increasing the dose of Rocuronium to 1.5mg/kg to a max of 150mg. Once approved, we will work on educational materials as a function of Program Agency and share them with the REMAC for final approval.
    - There was support for the Keppra pilot project that was proposed by Cole Darienzo from Commack. The Suffolk and Nassau County REMAC’s have already approved the project,

- now waiting for the SEMAC and NYS DOH to approve at the next meetings in February.  
Thank you Cole – great work on this project.
- The new SEMSCO Officers for 2026 are Beth McGown Chair, Tim Egan First Vice Chair and Al Kim Second Vice Chair. Congratulations to the new officers.
  - Dr Doynow remains the Chair of SEMAC and Jeff Rabrich remains the Chair of the Medical Standards and Protocols Committee.
- That’s all from State Council and the next meetings are scheduled for February 24 and 25 in Saratoga.
  - Other REMAC business that needs some discussion this evening are as follows:
    - Emphasize to the agencies in Suffolk County that regional credentialing is no longer required and there are no longer any REMAC identification cards accordingly.
    - The new process of EMS agency provider registration has begun and several agencies have already submitted their listings to the REMAC through the [QAQI@suffolkcountyny.gov](mailto:QAQI@suffolkcountyny.gov) email address that is monitored by the EMS Division staff as part of their Program Agency duties on behalf of REMAC. All EMS agencies and Fire Districts are asked to update their rosters with a new fillable Excel spreadsheet that is in the same format as the one that NYS requires to make it easier for agencies.
    - I do want to ask the REMAC membership to clarify what types of correspondence that REMAC would like sent to the QAQI email – I suggest that the REMAC only require the following: agency roster listings of providers and their agency credentials as a means of registration, RSI cases and audit forms, any case reviews for patient care quality improvement, and last any regional quality improvement projects (currently we have BLS Glucagon, and one for cardiac arrest and one for supraglottic airway use). Many agencies have already submitted QI data to the REMAC and thank you for that – we will await more agencies to fill them out before reviewing them.
    - The EMS agency optional medications under protocols that have language “if equipped and trained” and those that are required – this Medication Formulary list will be updated by the EMS Division in advance of the July protocol update. New letters should be going out the first week in June in advance of the July 1<sup>st</sup> date when the new protocols take effect.
    - The BLS use of the IGel Supraglottic Airway implementation – this we can discuss under New Business
    - I also want to clarify the new REMAC policy on Rapid Sequence Intubation both for agencies and for providers – we can discuss this under the RSI report – I want to thank Chris Guszack for stepping up and Chairing the RSI Committee. Thank you, Chris.
    - The Suffolk County REMSCO at the most recent meeting 2 weeks ago, requested that the REMAC update its bylaws to have REMSCO “approving REMAC nominees” – we can discuss this under the Bylaws Report – I want to thank Dr Scott Coyne for all his work and expertise in preparing the bylaws updates – thank you Scott.
    - Last, Danielle Russo of East Moriches completed her PhD thesis project on barriers to recruitment and retention for Paramedics in Suffolk County. Copies of the results are here on the front table for REMAC to review and if the group agrees we will add a copy to the January meeting minutes. Most interesting to me is the data that 84% of Paramedics work multiple jobs and only 54% of currently practicing Paramedics plan to remain in EMS as a career. As a REMAC the membership needs to work on Paramedic recruitment and retention initiatives. There will be funding for this under the Program Agency and I plan to convene a working group on this issue in the upcoming months – this will be a joint REMSCO and

REMAC group to discuss how to support our EMS providers in the region. If anyone wants to participate, please reach out to me.

- Last issue – Marty Liederman of the Fires Island Law Enforcement and Safety Council offered to the REMSCO again this year to host a joint meeting of the REMSCO and REMAC on Fire Island on July 14 – if the group agrees we need to inform them so that they may make arrangements to accommodate us. I want to thank Marty and the Ocean Beach Fire Department for offering to host us.
- End of Report.

### **Education and Training Report – Steve Januskiewicz excused, report given by Paul Marra**

- Round 2 of the BLS Core Content Online CME is up and running. Providers in need should reach out to the division for registration codes.
- In-Person CME schedule is set for the year and posted on the website. We made a change where you can click a link at the top of the page for all SCEMS offerings and it will take you directly to the bookings link to register. Please remind all providers about these opportunities
- We sent out a memo to all EMS agencies in the county reminding them we are here to assist with CME and Recertification Processing. Asking all to spread the word about improvements made in the process over the last year.
- Hybrid CFR course to begin in April has been submitted for state approval. Registration is open. Course to be run out of Ronkonkoma FD with satellite locations at East Quogue FD, East Hampton FD, and Southold FD.
- EMS Leadership Course scheduled for Wednesday February 11th and Thursday February 12th at Stony Brook University. This class will be held at Frey Hall in Room 104. Registration is also through the SCFA website.
- EMS Division Staff supported last weekend’s Selden FASNY EMS Conference. Event was well attended and we received positive feedback on our presentations.
- We are working on a Spring/Summer Rapid AEMT Course which will be released soon.
- We would like to start marketing the Lateluere Conference and promoting the excellent training opportunities it will bring. We ask that all members work to actively share social media posts once they go up to increase attendance.

### **Operations Report- Chief Paul Marra**

- Post Call reminders to agencies will be going out for Cardiac arrests and advanced airways.
- Notifications are being made at current meetings and a subsequent notification will be made to the system to validate the current list of authorized providers in Suffolk County, please complete the roster at your earliest convenience. This roster may be used for your New York State Renewal, so we suggest that agencies retain a copy and update that document for the Bi-annual Agency Operating Certificate renewal. Agency roster has been posted under the REMAC tab of the Suffolk County REMSCO Page, once completed we ask that you send it to [QAQI@suffolkcountyny.gov](mailto:QAQI@suffolkcountyny.gov)
- Reminder, the Semiannual Controlled Substance documentation needs to be complete and submitted prior to the end of January 2026.
- The annual PAD Survey will be going out shortly, we have created a QR code for our new online form, please complete the form as early as possible.
- Blood is available on the helicopter; Agencies should remember not to delay transport if aviation is not readily available. Please remember to follow current trauma triage guidelines.
- Part 800.24 Equipment requirements for certified Ambulances takes effect 4/22/26

- Part 800.26 EASV requirements will take effect 10/22/2026
- CISM team assisted with 22 requests for 2025, I would like to thank all the team members for their service and dedication.

**REMSCO Report- Ed Boyd excused, report given by Mark Zender:**

- Mr. Zender thanked Secretary Hannigan for her work on the contract with NYS, it is almost complete.
- Dr. Marshall stated that the proposed date for a joint REMSCO and REMAC meeting is July 21, 2026, at Ocean Beach FD. Dr. Winslow made a motion to move the July meeting to participate in the joint meeting, seconded by Dr. Guszack and passed without opposition. Time TBD when the ferry schedule is published.

**Subcommittee Reports:**

**Protocols (Dr. Marshall)**

- Dr. Marshall reported Dr. Winslow covered the update details. He stated that the final vote will be at the February SEMAC and SEMSCO meetings and educational material will follow.

**QA/QI (Dr. Winslow)**

- Dr. Winslow asks REMAC decides what information they want sent to the [qaqi@suffolkcountyny.gov](mailto:qaqi@suffolkcountyny.gov) email. It was decided that agencies should send agency rosters, RSI cases, case review requests, and any QA/QI questions and projects. A motion was made to make the change as outlined above by Dr. Winslow, seconded by Dr. Marshall, and passed without opposition.

**Membership (Dr. Acosta, report given by Dr. Marshall)**

- Dr. Marshall reported there are no vacancies on REMAC.

**Bylaws (Dr. Coyne)**

- Dr. Coyne read out the draft changes to the bylaws. The proposed changes are: there was language added to clarify that REMAC will elect members, but the final approval of members lies with the REMSCO; all appointments for members from the hospitals will also go to REMSCO for final approval as well; provided a appointment of a secretary for REMAC; also states that REMAC will nominate a member to report on the SEMAC and defined the term of their appointment. All these changes will be sent out to membership before the March meeting for final approval at that meeting.

**RSI (Dr. Guszack)**

- Dr. Guszack reported that cases were reviewed, and no deficiencies or remediation actions were noted.
- The minimum standards for an RSI paramedic were discussed at the subcommittee meeting and are being brought to REMAC for further discussion. The subcommittee discussed changing the minimum standard from ten intubations to ten advanced airway placements, with up to three performed as simulation. There was much discussion on this point, as well as discussion on the three-year experience requirement. It was decided to leave the standard as it is and collect data over the next year for further review then.
- A draft of the RSI policy is to be sent out soon, with a potential vote at the next meeting.

- An agency and provider manual for RSI is possible for the future to help guide agencies and providers in the process. This will include training information. Members should expect a draft of this “best practices” document soon. Any member who have recommendations for this manual should contact Dr. Guszack.
- Dr Winslow would like to implement an annual RSI report to give feedback to RSI paramedics in the field.
- Dr. Guszack clarified that agencies that wish to become RSI agencies should submit a letter to the RSI Subcommittee and the REMAC to express their interest and intent in becoming an RSI agency. The minimum standards should be met, including medical director oversight, training requirements, medication requirements, access to open cricothyroidotomy supplies, access to video laryngoscope, and participate in regional QA/QI process.

**Old Business:**

- None.

**New Business:**

- BLS Igel, there is a policy out from the state and can be found here as *attachment 3*. Dr. Winslow created a policy template that agencies can use for their submissions to NYS to streamline REMAC and NYS approvals. Agencies that were part of the pilot will still need to submit paperwork to the state, please see the policy for information. Agencies that wish to obtain a copy of the agency policy template should reach out to Secretary Hannigan.

Motion to adjourn made by Dr. Coyne, seconded by Dr. Guszack. The meeting adjourned at 2008.  
Respectfully submitted,

Jennifer Hannigan  
Deputy Chief, Education and Training  
REMAC Secretary



**REGIONAL MEDICAL ADVISORY COMMITTEE (REMAC)  
FOR EMERGENCY MEDICAL SERVICES OF SUFFOLK COUNTY  
MEMBERSHIP ATTENDANCE LIST  
January 27, 2026**

<b>Facility</b>	<b>Hospital Delegate/Alternate</b>	<b>SIGNATURE</b>
<b>EMS Medical Director</b>	Jason Winslow, MD	
<b>Eastern Long Island</b>	Lawrence Schiff, MD	
<b>Good Samaritan</b>	Eric Decena, MD / <i>Joseph Lito MD</i> / Chris Raio, MD	
<b>Huntington</b>	<u>Devin Howell</u> , DO / Leo Huertas, MD	
<b>J.T. Mather</b>	Eddie Kim, MD / Adam Wos, MD	
<b>NYU Langone Hosp- Suffolk</b>	Joseph Artale, MD / Christine DeSanno-Caridi, DO	
<b>Peconic Bay</b>	Jeffrey Cangelosi, MD / Nick Palamidissi, MD	
<b>Southampton</b>	Max Minnerop, MD	
<b>South Shore University</b>	Brian Blaustein, MD/ Anthony Urmaza, MD	<i>Excused</i>
<b>St. Catherine's</b>	Paul Taglienti, MD	
<b>St. Charles</b>	Jeffrey Wheeler, MD / Joseph Garber, MD	/Garber Excused
<b>Stony Brook University</b>	Joseph Bove, MD	

**Physician Members-at-Large:**

Juan Acosta, DO	<u>Excused</u>	Vacancy
Lincoln Cox, MD		Christopher Guszack, MD
Scott Coyne, MD		Youssef Hassoun, MD
Caitlin Feeks, DO		Lauren Maloney, MD
Andrew Flanigan, DO		R. Trevor Marshall, MD
Gegory Garra, MD		James Vosswinkel, MD
Jack Geffken, DO	<u>Excused</u>	Daryl Williams, MD



**REGIONAL MEDICAL ADVISORY COMMITTEE (REMAC)  
FOR EMERGENCY MEDICAL SERVICES OF SUFFOLK COUNTY  
MEMBERSHIP ATTENDANCE LIST**

**January 27, 2026**

**EMS Division Staff:**

**Signature:**

Steven Januskiewicz, Education and Training Coordinator

Paul Marra, Chief, EMS Operations

Jennifer Hannigan, Deputy Chief, Executive Secretary

Christopher Gallway, University Medical Control

Edward Boyd, Chair, REMSCO

**Non-Physician Members-at-Large:**

**Signature:**

Edward Boyd

John Boyd

Jess Boyle

Robert Cavalieri

Excused

Scott DiPino

Excused

Shawn Edouard

Thomas Fealey

Patrick Gugliotta

Jason Hoffman

Excused

James Jackson

Michael Presta

David Roth

Daniel Siciliano

Richard Tvelia

Paul Werfel



**REGIONAL MEDICAL ADVISORY COMMITTEE (REMAC)  
FOR EMERGENCY MEDICAL SERVICES OF SUFFOLK COUNTY  
MEMBERSHIP ATTENDANCE LIST**

**January 27, 2026**

**GUESTS:**

<b>Name (Please Print)</b>	<b>Affiliation</b>	<b>Signature</b>
Dina Wajnrich	SEMS/PA	
Cole Doornick	CVAC	
Julia Friedman	NFD	
Christophe Klein	Nothwell	
Dave Shepherd	Nothwell	
Carl Goodman	PJEMS	
Anthony Guerne	NFD	
Jean Russo	SSUH	
DAVID NEWBERT	Deer Park FP/HCAAT	
Mark Zender, M-C	REMSCO Vice Chair	

(please turn over to add additional names)



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**OFFICERS:**

R. Trevor Marshall, MD  
*Chairperson*

Jack Geffken, DO  
*Vice-Chairperson*

Christopher Guszack, MD  
*2nd Vice Chair*

Subcommittee: REMAC

Date: 12/16/25

Location: SCEMS Division

Chair/Acting Chair: A. Marshall Quorum reached? Y / N

**MEMBER HOSPITALS:**

Eastern Long Island  
Hospital

Good Samaritan  
Hospital

Huntington Hospital

John T. Mather Memorial  
Hospital

NYU Langone  
Hospital - Suffolk

Peconic Bay Medical  
Center

Southampton Hospital

South Shore  
University Hospital

Catherine of Siena Medical  
Center

St. Charles Hospital

Stony Brook  
University Hospital

Present at location:

Present Virtually:

Dina Wayrich

Dr. Guszack

In Hannigan

Jess Boyle

Dr. Winslow

Mike Presta (in person)

Dr. Marshall

Dr. Acosta

Dr. Coyne

Joe Cutrone

Continue on back if necessary.



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Good Samaritan  
Hospital

Huntington Hospital

John T. Mather Memorial  
Hospital

NYU Langone  
Hospital -Suffolk

Peconic Bay Medical  
Center

Southampton Hospital

South Shore  
University Hospital

Catherine of Siena Medical  
Center

St. Charles Hospital

Stony Brook  
University Hospital

Subcommittee: RSI

Date: 12/18/2005

Location: Middle Island FD

Chair/Acting Chair: Dr. Guszack Quorum reached?  Y  N

Present at location:

Present Virtually:

Dina Wayrich

Don Siciliano

CAVALIERI, BOB

Trevor Marshall

JUAN Awutz

JASON WINSLOW

Jim Hannigan

Chris Guszack

Shawn Edouard

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# 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**