



## Advisory 23-01: BLS iGel Demonstration Project

To: All EMS Agencies

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Regional Medical Director

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MLREMS is excited to announce its participation in the statewide BLS iGel Demonstration Project led by the Hudson-Valley REMSCO.

All MLREMS agencies are invited, but not required, to participate provided they meet all elements of participation as outlined in [DOH BEMSAT Policy 23-01](#) (attached). Most importantly, waveform capnography is **required** for an Agency to participate in this project.

If an Agency meets all requirements as outlined in BEMSAT Policy 23-01 and wishes to participate, it must complete the [iGel Demonstration Project Application](#) and submit it to the MLREMS Program Agency at [mlrems@mlrems.org](mailto:mlrems@mlrems.org). Following regional authorization and sponsor approval, the Agency will be contacted and provided access to all training materials required for participation.

Agencies are expected to make patient care reports and capnography waveforms available to the MLREMS Patient Safety and Quality Committee upon request during their participation in this Demonstration Project.

With any questions, please do not hesitate to contact this office.

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# Policy Statement

## BLS iGel Supraglottic Airway Pilot Program (Prior DOH approval required to participate in Pilot Program)

**No EMS Agency or EMT is permitted to participate in iGel Pilot study without prior permission**

**IN WRITING from the Bureau of Emergency Medical Services or BEMS designee.**

### Purpose

This pilot project will study the feasibility of Emergency Medical Technicians to successfully utilize an i-gel type gel supraglottic airway device during the treatment of adult patients in cardiac arrest.

### Policy

EMS agencies approved to participate in the iGel Pilot program will ensure that all Emergency Medical Technicians are currently certified by the NYS DOH BEMS, have completed the most current protocol update, and are members in good standing of the agency engaged in this project.

- **EMTs may only utilize this procedure if all the below are met:**
  - **The NYS Certified Ambulance Agency (or certified ALS-FR) is Regionally approved to participate in the program and the EMS agency has received approval from BEMS in writing.**
  - **The EMT is providing care while working or volunteering with the approved agency.**
  - **The EMT completed all appropriate training and signed off by the Medical Director**

**NOTE: EMTs working for or volunteering with another agency NOT approved in this project CAN NOT utilize this procedure when providing patient care with a non-approved agency.**

### Requirements:

- Agencies engaged in this pilot project MUST be New York State Certified Ambulance or Advanced Life Support First Response Agency and in good standing with the NYS DOH BEMS.
- Participating agencies must have written support and approval by their Medical Director.
- Local Regional EMS Councils must approve the participation of agencies in their respective regions, and forward agency applications and written approvals to the Hudson Valley Regional EMS Council for final approval.

- Participating agencies must utilize a NYS approved ePCR system and provide usage data that meets NEMSIS 3.4 standards.
- Participating agencies, and providers engaged in the i-gel pilot, must currently be using all approved BLS Adjuncts.
- All EMTs using this method of airway management must participate in a didactic and psychomotor training program and successfully complete cognitive and psychomotor skills testing administered by NYS Certified Instructor Coordinators (CIC), Certified Lab Instructors (CLI) and/or medical director approved training officers.
- EMTs must use an i-gel supraglottic airway resus-pack device.
- EMTs must use waveform capnography with each gel supraglottic airway placement.
- EMTs must request Advanced Life Support (ALS) with each i-gel supraglottic airway use.
- Each i-gel supraglottic airway placement must be confirmed by either an ALS provider or an emergency department medical control Nurse Practitioner (NP), Physician Assistant (PA) or Physician (MD/DO).
- EMTs must document all aspects of use, placement confirmation, and verification names and signatures in their ePCR and report any adverse patient outcomes.
- Agencies must engage in quality assurance of all uses and reposit data to the HVREMSCO.

### Term

This pilot project will run for two years unless sufficient data supports the termination of the pilot earlier.

### Resources

iGel Application – See attached

Pilot Protocol Training - Located on Vital Signs Academy - [www.VitalSignsAcademy.com](http://www.VitalSignsAcademy.com)

iGel Proposal and Program Guide – Available from Hudson Valley REMAC (e-mail listed below)

HVREMAC Contact - Bill Hughes, Executive Director: [execdir@hvremaco.org](mailto:execdir@hvremaco.org)