



### Advisory 26-01 iGel for Basic Life Support Clinicians

To: All Agencies and Personnel

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The following guidance is offered to agencies within MLREMS that wish to train and equip BLS Clinicians with supraglottic airways consistent with [NYS Division of EMS Policy Statement 25-09](#). Regrettably, only certified ambulance services or ALSFRs may train and equip BLS Clinicians at this time and BLSFR agencies are excluded. This is a NYS Division of EMS decision, not a local one.

Although the NYS Policy references supraglottic airways, MLREMS at this time only endorses the use of the iGel® for supraglottic airway placement at the BLS level; use of any alternative supraglottic airway device requires prior REMAC approval. Further, the REMAC has reaffirmed that the MLREMS policy on [Minimum Standards for Invasive Airway Confirmation and Monitoring](#) applies to BLS as well as ALS clinicians and thus all iGel® placements must be confirmed by a capnography device capable of recording and made available for quality improvement purposes.

As the REMAC is required to approve the training programs for implementing supraglottic airway placement by BLS clinicians at certified ambulance services and ALSFRs, the MLREMS Medical Directors and Program Agency have developed a Lesson Plan approved by the REMAC that includes key didactic and psychomotor competencies, including instructional videos on Capnography for BLS Clinicians and an iGel® placement procedure training video for adult and pediatric patients. The Lesson Plan refers to the MLREMS policy on Minimum Standards for Invasive Airway Confirmation and Monitoring as well as provides the expected hands-on training of clinicians to gain procedural competency with iGel® placement.

Agencies that wish to implement iGel® for BLS clinicians must follow all reporting and notification requirements of NYS Division of EMS Policy Statement 25-09 and simply reference using this MLREMS approved training curricula when making written notification to the MLREMS REMAC. Agencies that wish to implement different training must submit that curricula to the MLREMS Program Agency for REMAC review and receive approval in writing prior to delivery. The training offered through MLREMS reflects the minimum standard to which that agency-developed training must meet.

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

Attachments:

MLREMS BLS iGel® Educational Lesson Plan  
NYS Division of EMS Policy Statement 25-09

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## BLS i-gel Educational Lesson Plan

### Learning Objectives:

Upon completion of this training, the BLS clinician will be able to:

1. Describe the role of the i-gel supraglottic airway in BLS airway management, including its indications and limitations.
2. Identify appropriate patients and indications for i-gel use.
3. Select the correct i-gel size based on patient estimated weight.
4. Prepare the patient and equipment for i-gel placement.
5. Demonstrate correct i-gel insertion technique.
6. Provide effective ventilations through the i-gel using a bag-valve device.
7. Recognize effective versus ineffective ventilation using capnography waveforms.
8. Identify common problems with i-gel ventilation and initiate basic corrective actions.
9. Maintain and monitor the airway after placement.
10. Identify key documentation requirements for each i-gel placement.

### PRE-WORK, can be done synchronously

Each EMS clinician should review the following content *prior* to a skills sign-off:

1. [Capnography for BLS clinicians](#)
2. [i-gel placement procedure video for adults and pediatrics](#)
3. MLREMS policy on [Minimum Standards for Airway Confirmation](#)

Agencies using Prodigy for their LMS can utilize the following:

MLREMS igel-training: <https://frontend.prodigyems.com/class/56DBDA4A-3466-4624-8843-849EC641F382?tab=overview>

MLREMS Confirmation policy: <https://frontend.prodigyems.com/class/255991C2-E60D-423B-B169-1FD594E598BE?tab=overview>

### IN-PERSON EDUCATION and SKILLS COMPETENCY EVALUATION:

Following hands-on instruction from a trained clinician on device use, sizing, placement, and troubleshooting, each clinician must demonstrate competency in all skills outlined in the checklist below, which serves as the evaluation guide.

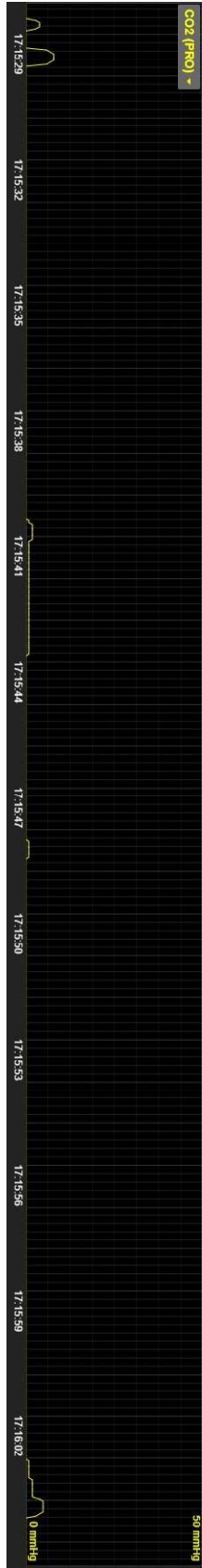
## MLREMS BLS i-gel Supraglottic Airway – Skills Verification Checklist

<b>Agency:</b>	<b>Evaluator:</b>
<b>Clinician:</b>	<b>Date:</b>

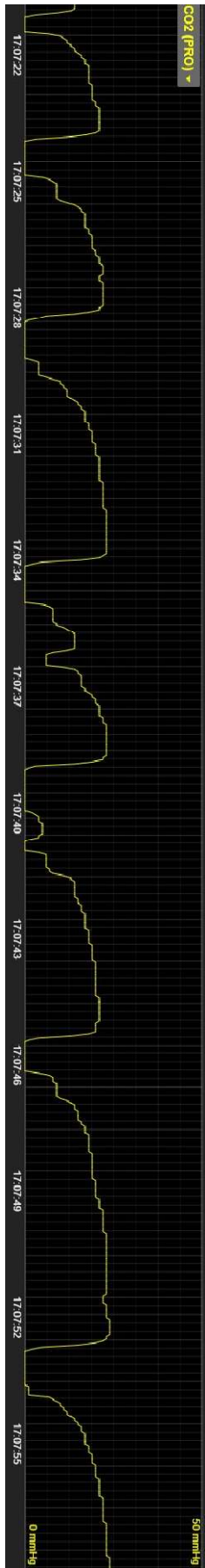
Simulated capnography waveforms should be used as prompts during skills evaluation. When a dynamic simulator is not available, the attached waveform images may be used for simulation purposes. All EMS clinicians must be oriented to, and demonstrate competency with, the specific capnography device used by their agency, including waveform display, continuous monitoring, and documentation.

Subskill	Description	Performed
<b>Indications</b>		
Explain indications	Able to explain that i-gel is indicated for patients in cardiac arrest in whom you have already initiated high quality chest compressions and bag-mask ventilation.	
<b>Device placement and confirmation – Adult</b>		
<i>Ideally performed twice – once without ongoing CPR to familiarize with device and once with ongoing CPR</i>		
<b>ADULT</b>		
Determines appropriate size	Small (size 3), Medium (size 4), Large (size 5)	
Performs bag-mask ventilation and confirms end-tidal waveform	Demonstrates appropriate technique for bag mask ventilation and confirmation of present waveform capnography.	
Device placement	Applies water-based lubricant to the curved portion of the i-gel opposite the airway opening. Holding the i-gel by the bite block, EMS clinician orients the device with the cuff facing anteriorly toward the tongue and the gastric channel aligned midline. With the patient’s head in a neutral or sniffing position, the clinician inserts the tip into the mouth and advances the device smoothly along the hard palate, following the natural curvature of the airway without rotation or force. The device is advanced until definitive resistance is felt, indicating appropriate seating in the hypopharynx. The clinician then ventilates gently with a bag-valve device and confirms correct placement using continuous waveform capnography.	
Device securement	Secures the device using the strap to the hooks on the i-gel with adequate downward pressure to maintain the device in place. Reconfirms placement using waveform capnography.	
<b>CHILD</b>		
<i>should be between toddler to school age</i>		
Determines appropriate size	Uses LBT to determine correct size and Handtevy® to identify the recommended size based on color or age.	

Performs bag-mask ventilation and confirms end-tidal waveform	Demonstrates appropriate technique for bag mask ventilation and confirmation of present waveform capnography.	
Device placement	Applies water-based lubricant to the curved portion of the i-gel opposite the airway opening. Holding the i-gel by the bite block, EMS clinician orients the device with the cuff facing anteriorly toward the tongue and the gastric channel aligned midline. With the patient's head in a neutral or sniffing position, the clinician inserts the tip into the mouth and advances the device smoothly along the hard palate, following the natural curvature of the airway without rotation or force. The device is advanced until definitive resistance is felt, indicating appropriate seating in the hypopharynx. The clinician then ventilates gently with a bag-valve device and confirms correct placement using continuous waveform capnography.	
Device securement	Secures the device by passing the 15:2 connector through holes in securement strap. Reconfirms placement using waveform capnography.	
<b>INFANT</b>		
Determines appropriate size	Pediatric patient: Uses LBT to determine correct size and Handtevy® to identify the recommended size based on color or age.	
Performs bag-mask ventilation and confirms end-tidal waveform	Demonstrates appropriate technique for bag mask ventilation and confirmation of present waveform capnography.	
Device placement	Applies water-based lubricant to the curved portion of the i-gel opposite the airway opening. Holding the i-gel by the bite block, EMS clinician orients the device with the cuff facing anteriorly toward the tongue and the gastric channel aligned midline. With the patient's head in a neutral or sniffing position, the clinician inserts the tip into the mouth and advances the device smoothly along the hard palate, following the natural curvature of the airway without rotation or force. The device is advanced until definitive resistance is felt, indicating appropriate seating in the hypopharynx. The clinician then ventilates gently with a bag-valve device and confirms correct placement using continuous waveform capnography.	
Device securement	Secures the device by passing the 15:2 connector through holes in securement strap or using tape, avoiding kinking of the i-gel. Reconfirms placement using waveform capnography.	
<b>TROUBLESHOOTING</b>		
Recognition of misplaced device or dislodgement	Recognizes capnography waveform consistent with ineffective ventilation, likely due to misplacement.	
Repositions device	Repositions the device with jaw thrust and advancement.	
Suction	Demonstrates suctioning the device.	
Removal of device if unable to obtain adequate ventilation with troubleshooting	If repositioning is unsuccessful, removes device and resumes bag-mask ventilation.	
<b>DOCUMENTATION</b>		
Documentation requirements	Each clinician should be able to explain expected documentation requirements, including EtCO2 values at initial placement, with any patient movement and at destination handoff or termination of resuscitation. Each waveform capnography recording should be attached to the chart to enable subsequent review.	



Jan 7, 2026



Jan 7, 2026



# 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 monoxide 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**