**Emergency Medical Director’s Association of California (EMDAC)**

**Supraglottic Airway Device (SAD)**

**Policy Development Guide**

**\*Note: This guide is intended to provide advisement to interested LEMSA medical directors who wish to pursue implementing SADs as part of their local optional scope.**

Use: Securing and maintaining a patent airway during resuscitation of the unconscious patient, by personnel who are trained and experienced in the use of airway management techniques and devices.

**Medical Control**

* Offline medical control for SAD use in all patients
* Retrospective evaluation of system performance using SADs, in addition to quality assurance of SAD use should be overseen by LEMSA medical director

**Treatment Protocols**

* Key Elements must include, but are not limited to, the following:
	+ Indications
		- Rescue airway if unable to intubate an adult patient in need of airway protection
		- Primary airway if intubation in an adult patient is anticipated to be difficult and rapid airway control is necessary
		- Primary advanced airway in adult cardiac arrest when attempts at intubation are likely to interrupt continuous chest compressions
		- Preferred advanced airway in pediatric patients
	+ Contraindications
		- Intact gag reflex
		- Caustic ingestion
		- Unresolved complete airway obstruction
		- Trismus or limited ability to open the mouth such that the device cannot be inserted
		- Oral trauma
		- Distorted anatomy that prohibits proper placement (e.g. oropharyngeal mass or abscess)
	+ Procedure (LEMSA preference for format; device specific)
	+ Quality assurance
		- 100% audit of all SAD uses will be performed by ALS provider’s Quality Care/Clinical Coordinator.
		- Monthly reports filed with the LEMSA following the approved SAD data tracking/reporting form
		- Comprehensive and expeditious review by the LEMSA of unanticipated complications or untoward events involving the use of a SAD