



**Stanislaus County Sheriff's Office  
Emergency Services Division**

**Richard Murdock  
Chief of Emergency Services**

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Administrative Bulletin

No. 23 – BUL - 011

**Re: I-Gel Use and Placement**

**Effective:** Immediately

This letter is to provide the knowledge, clarification, and understanding of Stanislaus County EMS Agency's approval for use and placement of Supraglottic Airways (SGA) for both EMT's and Paramedics. The Agency applied for, and received state approval on September 20, 2023, to use SGA's (I-Gels) in Stanislaus County, as they are currently a 'Local Optional Scope'. With this approval, the following guidelines were reiterated:

1. Paramedic can utilize SGA for all patient populations (Adult and Pediatric)
2. EMT's can **ONLY** utilize SGA for adults (15 years or older)
  - a. Provider training on use and proper placement of SGA required before EMT's can be utilized as stated.

If, at any time, you are unsure of a patient's age, or if you have any concerns about the appropriate utilization of an SGA, please err on the side of caution by using appropriate BLS airway techniques. Additionally, the Agency realizes that the required BLS equipment inventory list for both ambulance transport and fire departments currently reflects that pediatric sized SGAs are required. The Agency is working on correcting this error for distribution. In the meantime, please remove all pediatric size SGAs (I-Gels) from **ALL** BLS level units.

Should you have any questions, please do not hesitate to contact the EMS Agency - Thank you.

Sincerely,

A handwritten signature in black ink that reads "Chad R. Braner".

Chad R. Braner  
Director - Stanislaus County EMS Agency

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** July 6, 2022

**TO:** Local EMS Agency Administrators and Medical Directors

**FROM:** **Elizabeth Basnett, EMEDM**  
Acting Director, EMS Authority

**Hernando Garzon, MD**  
Acting Medical Director, EMS Authority

**SUBJECT:** EMS Personnel Scope of Practice – Supraglottic Airways (SGAs)

The purpose of this memo is to provide clarification and interpretation of the regulatory inclusion of perilaryngeal (including supraglottic) airway adjuncts.

As noted in the EMS Authority *Paramedic Scope of Practice- Supraglottic Airways (SGAs)* memo, dated May 28, 2021, perilaryngeal airways should be interpreted to include the use of supraglottic airways (SGAs) as supported in the current literature including this article: “A Proposed Classification and Scoring System for Supraglottic Sealing Airways: A Brief Review<sup>1</sup>”.

Paramedic and Advanced Emergency Medical Technicians may utilize the following SGAs as part of their standard scope of practice throughout the state:

- i-gel<sup>2</sup>
- air-Qsp<sup>3</sup> (standard “sp” or “blocker sp”)
- LMA Supreme<sup>4</sup>

Emergency Medical Technicians (EMTs) may utilize the above SGA devices as optional scope of practice(s) with local EMS agency accreditation approval, pursuant to [§100064](#).

SGA placements shall be documented as part of the local quality improvement process to ensure continued efficacy of use and identification of adverse events. If you have questions, please email [scopeofpractice@emsa.ca.gov](mailto:scopeofpractice@emsa.ca.gov).

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<sup>1</sup> <https://journals.lww.com/anesthesia-analgesia/pages/articleviewer.aspx?year=2004&issue=11000&article=00050&type=Fulltext>

<sup>2</sup> <https://www.intersurgical.com/info/igel>

<sup>3</sup> <https://cookgas.com/air-asp/>

<sup>4</sup> <https://www.lmaco.com/products/lma%C2%AE-supreme%E2%84%A2-airway>



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Elizabeth Basnett, EMEDM  
Acting Director, EMS Authority



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Hernando Garzon, MD  
Acting Medical Director, EMS Authority



# Scope of Practice Statements

Emergency Medical Services Authority  
California Health and Human Services Agency

EMSA # 300  
November 2017



## Introduction

This document contains various basic and advanced life support scope of practice position statements. The intent is to provide guidance to local EMS agencies, EMS personnel, and the public as to the level of EMS provider who may perform each item, the relevant legal authorities, and special information related to each scope of practice item.

## The EMS Authority

The EMS Authority is the state department that has been granted the authority to promulgate regulations for the statewide EMS system. These regulations provide for the approval of EMS services, training programs, certification/licensure processes and processes for the enforcement of the regulations. In addition to writing regulations, the EMS Authority also licenses and oversees paramedics throughout the state, approves local EMS plans, and provides EMS coordination during disasters.

## Local EMS Agencies

Actual day-to-day EMS system operations are the responsibility of the local EMS agencies. EMS systems are administered by either single county or multi-county EMS agencies, which follow regulations and standards established by the State EMS Authority. Local EMS agencies are responsible for certifying EMTs and AEMTs (however, EMTs employed by public safety agencies, such as fire departments and law enforcement agencies, may be certified by their own departments if those agencies maintain an approved EMT training program).

## California EMS Personnel Levels

There are five levels of emergency medical services (EMS) personnel that are recognized in the State of California. EMS personnel are specially trained professionals, who often work as a part of the local EMS system, and who render immediate medical care in the prehospital setting to seriously ill or injured individuals. Of the five levels of EMS personnel identified in regulations four require specific certification/licenses or accreditation in order to practice their scope of work. The EMS Authority develops and implements regulations governing the medical training and scope of practice standards for the following EMS personnel:

- Public Safety Personnel (Firefighters, Peace Officers, and Lifeguards) have minimum training standards that include first aid, CPR/AED and response to tactical casualty care situations.
- An Emergency Medical Technician (EMT) is trained and certified in basic life support practices and is certified by the LEMSAs or an approved public safety agency (Certifying Entity). California law requires all ambulance attendants to be trained and certified to the EMT level and many fire agencies require firefighters to be EMT certified. EMTs are often used as the first dispatched medical responder in an emergency medical system. There are more than 60,000 EMTs certified in California.
- An Advanced EMT (AEMT) is trained and certified in limited advanced life support (LALS) practices and is certified by the LEMSAs. AEMTs are used primarily in rural areas, where they may be the only EMS personnel. California currently has approximately 100 certified AEMTs.

- A paramedic is trained in advanced life support and is licensed by the State. A paramedic also must be locally *accredited* and affiliated with an approved paramedic services provider in order to practice in any California county. Accreditation includes orientation to local protocols. There are approximately 22,000 licensed paramedics in California.
- A critical care paramedic (CCPs) is the final level of EMS provider recognized by the State of California and works under local EMS agency accreditation. A CCP is a specially trained paramedic who has been approved and accredited by a LEMSA to practice an expanded scope of practice for critical care transport that do not require a registered nurse to accompany the patient. The extended scope allows the CCP to provide necessary care during those transports. This level is also often used by air ambulances that have flight paramedics.

## Reading the Scope of Practice Pages

Each scope of practice position statement has a key at the top to identify which level of EMS provider may utilize this scope item. The five levels of EMS are color coded indicating if that particular level is approved to utilize the scope with basic training skill, as an optional scope of practice skill or not at all.

**Red:** Not approved for this level

**Yellow:** Approved as an optional scope item

**Green:** Approved as basic scope item

Public Safety	EMT	AEMT	Paramedic
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# SUPRAGLOTTIC AIRWAY

Public Safety

EMT

AEMT

Paramedic

**Item:**

- A supraglottic airway device used to deliver artificial ventilation.

**Classification:**

- Basic life support (EMTs and AEMTs) procedure for adults only.
- Advanced life support procedure for adults and pediatrics.
- Not specified in basic scope of practice for EMTs, AEMTs, or paramedics.
- Approved as a local optional scope by Emergency Medical Services Authority.

**Use and Level:**

- Blind insertion airway device used to establish an advanced airway.
- Authorized for EMT, AEMT, and paramedic optional skills with LEMSA approval and additional training.

**Authority:**

- Section 100064(a) of the EMT Regulations, Chapter 2, Division 9, Title 22, California Code of Regulations allows EMTs to use perilaryngeal airway adjuncts with LEMSA approval.
- Section 100146(c)(2)(A) of the Paramedic Regulations, Chapter 4, Division 9, Title 22, California Code of Regulations allows a paramedic to perform or monitor procedures that are not named as part of basic scope of practice. A procedure that has not been approved by the Director of the Emergency Medical Services Authority cannot be performed.

**Training:**

- Training requirements must be submitted and approved as part of the optional scope process.

**Equipment:**

Acceptable supraglottic airways for use in California:

- Laryngeal Mask Airway.
- iGel.
- Air-Q

**Medical Direction:**

- Used in accordance with a protocol written and approved by the local EMS agency medical director (HS 1797.220).

**Considerations and Recommendations:**

1. These airways have been shown to provide better ventilation than a bag-valve-mask with oral or nasal airways and do not require maintenance of a mask seal.
2. Monitor clinical indications of adequate ventilation (chest rise, breath sounds, capnography [ALS], colorimetric device [BLS]).
3. Required documented metrics:
  - a. Rescue airway – yes/no
  - b. Successful placement – yes/no
  - c. Number of attempts
  - d. Complications; yes/no – regurgitation, bleeding/trauma, hypoxia, dislodgement
  - e. If dislodgement after placement, successful replacement? – yes / no / not documented / not applicable