



City and County of San Francisco
London Breed, Mayor

Department of Public Health
Emergency Medical Services Agency

Date: June 11, 2021

To: Emergency Medical Services Advisory Committee
San Francisco EMS Providers

From: John Brown MD, San Francisco EMS Agency Medical Director

Subject: **Administrative Updates to Protocol 7.01 – Airway Management**

Effective July 1, 2021, [Protocol 7.01 – Airway Management](#) will be updated with the following administrative changes:

- An [EMS Memo](#) was issued on November 10, 2020 containing guidance on an earlier change in sequence to advanced airway interventions in the ALS Treatment section. Guidance in this memo establishes the current clinical standard for airway management, and two important components of the memo were added to the protocol itself.
 1. The number of total attempts for advanced airway interventions was added for both patient age groups. Language specifying the order of advanced airway interventions was also added to the 0-8 age group for clarity, and consistency with current language in the 8+ age group.
 - For patients between ages 0 and 8:
 - Laryngoscopy to remove foreign body airway obstructions.
 - Use of advanced airway interventions as indicated in the following order. **No more than two total attempts at any one intervention before moving to an alternate approach.**
 1. **Supraglottic Airway** for patients who cannot be adequately managed with BLS airway interventions.
 2. If the above intervention is unsuccessful AND BLS ventilation is unsuccessful, may attempt **Needle Cricothyrotomy** with jet insufflation as the airway of last resort.
 - For patients greater than 8:
 - Laryngoscopy to remove foreign body airway obstructions.
 - Use of **Continuous Positive Airway Pressure** as indicated.
 - Use of advanced airway interventions as indicated in the following order. **No more than two total attempts at any one intervention before moving to an alternate approach.**
 1. **Supraglottic Airway**
 2. **Oral Endotracheal Intubation**
 3. If both above interventions are unsuccessful AND BLS ventilation is unsuccessful, may attempt **Needle Cricothyrotomy** with jet insufflation as the airway of last resort.
 2. Guidance on documentation standards for airway interventions not following the prescribed sequence was added to the Notes section.

- Any airway intervention not following the above treatment sequence requires rationale documented within the first response documentation and/or patient care report.
- A temporary section was added to the protocol allowing for the upcoming video laryngoscopy pilot. This new section pertains only to providers trained and approved to use the device.

FOR VIDEO LARYNGOSCOPY PILOT PROJECT PERSONNEL ONLY (Temporary guidance for the lifetime of the pilot)
<ul style="list-style-type: none">• Video laryngoscopy may be used as the frontline ALS airway intervention, superseding the supraglottic airway attempts above, under the following conditions:<ul style="list-style-type: none">○ The skill is performed by a Paramedic who has successfully completed the EMS Agency-approved airway training course for participation in the pilot.○ A BLS airway is established.○ Chest Compressions are not interrupted during use of the device.• Under no circumstances shall a successfully placed ALS airway device be removed in order to perform video laryngoscopy. Removal of a successfully established ALS airway device, confirmed using appropriate verification methods, with subsequent video laryngoscopy is a mandatory reporting event and an Exception Report shall be filed to the EMS Agency per policy.

Your patience and cooperation as we make necessary adjustments is appreciated. This update does not represent a change in current clinical standard and is intended to provide clarification for field providers and facilitate use of a new device. In the coming year, we anticipate more comprehensive review and revision of the protocol through the EMS Advisory Committee.