



**North Country
Regional Emergency Medical
Advisory Committee
Policy Statement**

Serving: St. Lawrence, Jefferson, and Lewis Counties

No. 17-01

Date: 04/03/2017

Re: Approved Alternate
Airways

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Supersedes:

PURPOSE

Approval of “Alternate Airway Devices” for use by North Country Advanced Providers.

BACKGROUND

Reference NYS Collaborative EMS Protocol 2-5 General Airway Management and Oxygen Delivery.

LIMITATIONS

For use by North Country Advanced Care Providers.

EXPECTATIONS

Combitube or equivalent, LMA, Dual Lumen Airway, King Airway or equivalent.

Specific devices and training is the responsibility of the Agency and Agency Medical Director.