

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 877

## SUBJECT: EMT OPTIONAL SKILL: ESOPHAGEAL TRACHEAL AIRWAY DEVICE (ETAD) TREATMENT GUIDELINES

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### PURPOSE:

To define the specific conditions under which S-SV accredited EMT personnel may utilize an Esophageal Tracheal Airway Device (ETAD).

### AUTHORITY:

California Health & Safety Code, Division 2.5, Section 1797.80, 1797.90, 1797.170, 1797.177, 1797.220, 1798.22 and 1798.104.

California Code of Regulations, Title 22, Division 9, Chapter 2, Section 100064.

### POLICY:

#### A. Indications for Insertion:

##### **ALL must be present**

1. Unconscious / no purposeful response
2. Absent gag reflex
3. Apnea or respiratory rate  $\leq$  6/min
4. Appears at least 4 feet tall (37 Fr device), or at least 5 feet tall (41 Fr device)

#### B. Ventilate / Oxygenate the patient for at least 1-2 minutes before attempting insertion.

#### C. Cautions:

1. Insertion attempts may not take more than 30 seconds
2. Do not use excessive force

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Effective Date: 06/01/2011

Date last Reviewed / Revised: 12/10

Next Review Date: 06/2013

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Approved:

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**SIGNATURE ON FILE**  
S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

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DEVICE (ETAD) TREATMENT GUIDELINES**

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Sequence for Cardiac Arrest  
....for ETAD Insertion

- Assess ABC's
- Insert oral airway
- Begin CPR
- Attach AED
- Rhythm analyzed
- Give 1 shock
- Resume CPR immediately
- ETAD insertion – **Attempt may not exceed 30 seconds**
- **Only one (1) ETAD insertion attempt following each one (1) minute of CPR**

**DOCUMENTATION:**

Patient care must be documented on an S-SV EMS Patient Care Report form. Forms are to be submitted to the receiving hospital at the time the patient is delivered to the hospital. If the S-SV EMS Patient Care Report form is not delivered to the receiving hospital with the patient, it must be delivered **NO LATER THAN 24 HOURS** from the time of the incident.

**CROSS REFERENCES:**

Policy and Procedure Manual

EMT Optional Skill: Base Hospital Medical Control Requirements, Reference No. 377.

EMT Optional Skill: Service Provider Requirements and Responsibilities, Reference No. 477.

- Service Provider Application Form - Form, Addendum A.
- Status Report Form - Addendum B.
- Skill Check Documentation Record - Addendum C.

Continuous Quality Improvement: EMT Optional Skill, Reference No. 620E.

EMT Optional Skill: Requirements for Accreditation, Reference No. 977.