



Health & Social Services Department

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EMERGENCY MEDICAL SERVICES

POLICY MEMORANDUM #3302

EFFECTIVE DATE: January 1, 1999

APPROVED BY:

A handwritten signature in black ink that reads "Thomas L. Charron, M.D."

THOMAS L. CHARRON, M.D., M.P.H., EMS AGENCY MEDICAL DIRECTOR

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A handwritten signature in black ink that reads "Allen Morini, D.O."

ALLEN MORINI, D.O., F.A.C.E.P., ASSISTANT EMS AGENCY MEDICAL DIRECTOR

**SUBJECT: EMT-1 ESOPHAGEAL TRACHEAL AIRWAY DEVICE
AUTHORIZATION**

AUTHORITY: CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 9
ARTICLE 2, SECTION, 100064

I. PURPOSE/POLICY

To establish requirements and standards for medical control and accreditation for the use of the Esophageal-Tracheal Airway Device (ETAD) by EMT-1 personnel in Solano County.

II. PARAMETERS OF MEDICAL CONTROL

Medical Control shall include the following:

- A. Appointment of ETAD Physician Medical Director.
- B. Approval of ETAD Program Coordinator/Instructor.
- C. Initial program development and approval application.
- D. Direction and supervision for ETAD Program Coordinator.

III. EMT-1 ETAD SERVICE PROVIDER

The EMT-1 ETAD Service Provider will provide the following information to the Solano EMS Agency prior to implementing ETAD services:

- A. Description of the need for the use of the ETAD.
- B. Description of the geographic area within which the ETAD will be utilized.
- C. Designation of Program Coordinator responsible for the education and training and Quality Improvement functions associated with the ETAD.
- D. Insure the delivery of a copy of the PCR to the Base Hospital immediately, no later than 24 hours after the incident.
- E. Insure the delivery of a copy of the PCR to the EMS Agency no later than 24 hours after the incident.
- F. Insure that the EMT-1 inserting the ETAD will follow the patient to the Emergency Department.
- G. Describe and document the education and orientation processes utilized for ALS transport providers within the service area of the ETAD service provider.

IV. ETAD PROGRAM COORDINATOR RESPONSIBILITIES

The EMT-1 ETAD Service Provider shall have one currently California licensed physician, registered nurse, EMT-P or EMT-1D accredited by the Solano EMS Agency employed to implement and supervise their on-going ETAD program. This individual (Program Coordinator) shall be approved by the Local EMS Agency.

- A. The Program Coordinator will provide the Solano EMS Agency with a description of the data collection methodology, which shall also include an evaluation of the effectiveness of the use of the ETAD. The Program Coordinator will, at a minimum, submit to the Solano EMS Agency the following information no later than the 15th of the following month:
 1. Monthly review of all ETAD contacts to include attempts to place the ETAD.
 - a. An ETAD contact is defined as whenever an attempt has been made to insert the ETAD.
- B. A monthly review of ETAD contacts shall include the following
 1. Patient age/sex.
 2. EMT assessment.
 3. Patient's degree of severity.
 4. On scene time interval prior to ALS arrival (Total time of BLS care).

5. Success: Yes or No.
 6. Emergency Department verification of tube placement.
 7. Change in patient's condition.
 8. Disposition of the patient/documentation of transfer of care.
- C. Monitor skills competency on a monthly basis for each accredited EMT-1 for six (6) months after initial accreditation and every six (6) months thereafter.

V. ELIGIBILITY FOR USE OF THE ETAD

- A. Current EMT-1D accreditation in Solano County.
- B. Current and valid CPR certification.
- C. Employed and sponsored by an EMT-1 or EMT-P Service Provider.
- D. Successful completion of an ETAD training program approved by the Solano EMS Agency.

VI. MAINTAINING ACCREDITATION

- A. Maintenance of a current CPR certificate.
- B. Attendance at skills review/demonstrations.
- C. Written approval of the Program Coordinator.

VII. UNUSUAL OCCURRENCES

- A. Unusual Occurrences will be submitted to the Solano EMS Agency no later than 72 hours for incidents including but not limited to the following:
 1. Use of the ETAD when there is sufficient reason to withhold CPR and other lifesaving techniques (i.e., obvious death, DO NOT RESUSCITATE AUTHORIZATION).
 2. Manufacturer defects discovered while using the ETAD.
 3. Improper use of the ETAD resulting in harmful physical side effects affecting patient outcome.
 4. Replacement of the ETAD with an endotracheal tube while on scene by ALS personnel.

VIII. INDICATIONS FOR THE USE OF THE ETAD

The ETAD will be indicated for use when all of the following are present:

- A. An unconscious patient with no purposeful response.
- B. Absent gag reflex.
- C. Apnea or a respiratory rate less than 6 breaths per minute.
- D. Appears > 14 years of age.
- E. Appears > 5 feet tall.

IX. CONTRAINDICATIONS FOR THE USE OF THE ETAD

The ETAD will be contraindicated for use when any of the following are present:

- A. Obvious signs of death, to include:
 - 1. Gross incineration.
 - 2. Decapitation
 - 3. Eviseration of major organ.
 - 4. Decomposition
 - 5. Rigor mortis.
- B. Patient appears to be < 14 years of age.
- C. Patient appears to be < 5 feet tall.
- D. Ingestion of caustic substances.
- E. Airway obstruction by foreign body.
- F. Known esophageal disease (cancer, varices, surgery, etc.)
- G. Laryngectomy patient with a stoma.
- H. DNR documentation as specified in Solano EMS Policy #6130.
- I. Suspected narcotic overdose, with ALS < ten (10) minutes away, where it is expected the patient will awaken with the administration of Narcan.

X. INDICATIONS FOR PRE-HOSPITAL REMOVAL OF THE ETAD

- A. Defective ETAD resulting in inadequate pulmonary ventilation.
- B. Replacement with ETT to facilitate administration of medications via the ETT.
- C. Replacement with ETT to facilitate endotracheal suctioning (e.g., patient with acute pulmonary edema).
- D. EMT-P unable to confirm pulmonary ventilation via the ETAD.
- E. Improvement in patient's condition to conscious, breathing, with intact gag reflex.

F. Base Hospital directive.

Emergency Medical Technician-1 ETAD Medical AuditIncident Date _____ Incident Time _____ No. _____
Fire Department _____
Name of EMT-1 inserting ETAD _____Auditor _____
Audit Date _____
Ambulance PCR # _____**EMT-1 ETAD Medical Records (Use the back of this form for explanation of "no" answers)**

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. The EMT-1 ETAD medical record was legible and complete | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Treatment and/or care provided by the EMT-1ETAD was appropriately documented..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Patient response to EMT-1 ETAD treatment was appropriately documented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 1st insertion was attempted within 90 seconds of arrival | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Time patient collapse was recorded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. EMT-1 ETAD medical records were made available to ambulance personnel..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Other EMT-1 ETAD medical concerns identified by the auditor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EMT-1 ETAD Care Review

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. ETAD insertion was performed according to county protocol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. High-flow oxygen was used while patient was being ventilated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ETAD insertion identified a technical problem which delayed resuscitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. EMT-1 ETAD insertion technique was appropriate..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Vital signs were taken (or recorded) when indicated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Total resuscitation time before patient was transported < 20 minutes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Pulses were appropriately checked (or recorded) during CPR chest compressions..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. No patient complication associated with/resulted from EMT-1 ETAD care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Psychological support provided to family and friends of the patient..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. No other EMT-1 ETAD patient care issue or concern identified by the auditor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EMS System Review

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. EMT-1 ETAD rescue unit took less than 2 minutes to respond after receiving call | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Response time (call received until arrival on scene) was less than 5 minutes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. CPR was being performed prior to arrival of the EMT-1 ETAD unit..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Arrival of an ALS unit was less than 5 minutes after arrival of the EMT-1 ETAD team..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Patient transfer between the EMT-1 ETAD team and ALS team was according to policy & procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Base Hospital terminated the resuscitation precluding patient transport..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Auditor/EMT-1 ETAD Program Coordinator notified of any other QI concerns associated with this call | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Auditor / EMT-1 ETAD Program Coordinator notified Solano EMS Agency of call | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTE: "Yes" answers to the preceding three questions warrants further documentation.

OUTCOME (Check the appropriate output status for following time phases of the EMT-1 D resuscitation case)**Field Assessment after initial resuscitation**

- Successful EMT-1 ETAD insertion w/consciousness
 Successful EMT-1 ETAD insertion w/o consciousness
 Successful ALS intubation
 No change in initial resuscitation status
 Base Hospital terminated resuscitation at scene

Emergency Department Disposition

- Admit ICU or special care unit
 Died in Emergency Department
 Died enroute to Emergency Department
 Transferred to another hospital
 Unknown
 N/A patient did not reach the EMG Dept.

Final Hospital Disposition

- Discharged home w/no neurological deficit
 Discharged home w/neurological deficit
 Discharged to nursing/long term care facility
 Died in hospital
 Unknown
 N/A (case not admitted to hospitals)

Individual performance evaluation of the EMT-1 ETAD Team (1. acceptable 2. QI Follow-up indicated 3. N/A)

- EMT-1 ETAD performing defibrillation _____ Solano EMT Cert # _____ if applicable
 EMT/First Responder performing CPR _____ Solano EMT Cert # _____ if applicable
 EMT/First Responder performing CPR _____ Solano EMT Cert # _____ if applicable
 EMT/First Responder performing CPR _____ Solano EMT Cert # _____ if applicable
 Scene Incident Commander _____ Solano EMT Cert # _____ if applicable