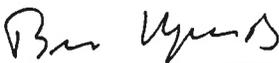


SUBJECT: PERILARYNGEAL AIRWAY ADJUNCTS SERVICE
PROVIDER DESIGNATION

Date: 7/01/2010

- I. **Authority:** Health and Safety Code, Division 2.5, Sections 1797.170, 1797.204 and 1797.22.
- II. **Purpose:** To establish a standard mechanism for approval and designation as a Perilaryngeal Airway Adjuncts (PAA) provider in San Diego County.
- III. **Policy:** The County of San Diego Emergency Medical Services (EMS) shall approve and designate PAA providers which meet established criteria.
- IV. **Definition:** For the purpose of this policy the term "Perilaryngeal Airway Adjuncts" includes both the Esophageal Tracheal Airway (ETAD) and King Airway devices
- V. **Procedure:**
 - A. Documentation of current PAA program approval from EMS.
 - B. Enter into a Memorandum of Agreement with EMS for PAA services within the particular area of jurisdiction.
 - C. Comply with the California Code of Regulations Title 22, Division 2, Chapter 2, Section 100064 (b).

Document revised 7/1/2010
Approved:



EMS Medical Director