


Sierra – Sacramento Valley EMS Agency Program Policy			
Paramedic Utilization Of Automatic Transport Ventilators During IFTs			
	Effective: 12/01/2016	Next Review: 10/2019	843
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: Victoria Pinette – Executive Director		SIGNATURE ON FILE

PURPOSE:

To provide parameters for paramedic utilization of Automatic Transport Ventilators (ATVs) during interfacility transports (IFTs).

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, § 1797.220.
- B. California Code of Regulations, Title 22, Chapter 4, Article 1, § 100145.

POLICY:

- A. Only prehospital provider agencies approved by S-SV EMS to utilize paramedic IFT optional skills are authorized to provide such services.
- B. Only paramedics who have successfully completed an S-SV EMS approved paramedic IFT optional skills training program will be permitted to utilize an ATV during IFTs.

PROCEDURE:

- A. Paramedics will not initiate ventilator support.
- B. Written transfer orders from the transferring physician shall be obtained prior to transport. Transport orders must provide for maintaining and adjusting ventilations via ATV settings during transport.
- C. Ventilator support must be regulated by an ATV familiar to the paramedic.
- D. If an ATV failure occurs and cannot be corrected, the paramedic shall discontinue use of the ATV, initiate ventilation by bag-valve, and notify the transferring physician and base/modified base hospital as soon as possible. S-SV EMS shall be notified of any ATV failure by the end of the next business day.

- E. Paramedics shall continually observe the patient and document patient response to any changes while the ATV is operational.
- F. Initial ATV settings and any subsequent changes shall be documented on the patient care report.
- G. The paramedic is responsible for all airway management and must frequently reassess tracheostomy/endotracheal tube placement, which shall be checked after each patient movement (bilateral breath sounds, end-tidal CO₂).
- H. A non-invasive BP monitor device shall be utilized. Vital signs shall be monitored and documented every 15 minutes and immediately if there is any change in patient status or adjustment of the ATV setting. Vital signs shall include pulse oximetry and cardiac monitoring which shall be maintained throughout transport.
- I. A continuous end-tidal CO₂ detector device must be employed during transport (capnograph or waveform capnography are preferred).
- J. The ventilator that the paramedic provider will be using must be able to match the existing ventilator settings and shall include the following minimum device features (including circuit):
1. Modes:
 - Assist Control (AC).
 - Synchronized Intermittent Mandatory Ventilation (SIMV).
 - Controlled Mechanical Ventilation (CMV).
 2. Set rate of ventilations.
 3. Adjustable delivered tidal volume.
 4. Adjustable FiO₂.
 5. Positive End-Expiratory Pressure (PEEP).
 6. Adjustable Inspiratory and Expiratory ratios (I:E ratio).
 7. Peak airway pressure gauge.
 8. Alarms:
 - Peak airway pressure.
 - Disconnect.

- K. Prehospital provider agencies approved for utilization of ATVs must follow the manufacturer instructions regarding the use, maintenance, cleaning, and regular testing of the device. At a minimum, ATV equipment shall undergo annual preventative testing and maintenance by qualified manufacturer's representative personnel or designee.
- L. Paramedics must be thoroughly trained and regularly retrained on the ATVs use. Such training shall occur no less than annually and shall be documented.

CROSS REFERENCES:

- A. Paramedic IFT Optional Skills: Transferring Hospital Requirements (341).
- B. Paramedic IFT Optional Skills: Prehospital Provider Agency Application and Approval Process (441).
- C. Paramedic IFT Optional Skills: Prehospital Provider Agency Requirements and Responsibilities (442).