


Sierra – Sacramento Valley EMS Agency Program Policy			
Paramedic Utilization Of Automatic Transport Ventilators During IFTs			
	Effective: 06/01/2020	Next Review: 01/2023	843
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PURPOSE:

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

AUTHORITY:

- A. HSC, Division 2.5, § 1797.220.
- B. CCR, Title 22, Chapter 4, Article 1, § 100145.

POLICY:

- A. Only appropriately trained paramedics who are on duty with an S-SV EMS authorized paramedic IFT optional skills provider may utilize an ATV during IFTs.
- B. Patients will be on ventilator support prior to transport. Paramedics will not initiate ventilator support.
- C. Provider agencies utilizing ATVs shall follow the manufacturer instructions for 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.
- D. Paramedics must be thoroughly trained and regularly retrained on the ATVs use. Such training shall occur no less than annually and shall be documented.

PROCEDURE:

- A. Written transfer orders from the transferring physician shall be obtained prior to transport. These orders must provide for maintaining and adjusting ventilations via ATV settings during transport, and shall include a telephone number where the transferring &/or base/modified base hospital physician can be reached during the patient transport. These written orders shall be attached to the completed electronic patient care report (PCR).

- B. Ventilator support must be regulated by an ATV familiar to the paramedic.
- C. If an ATV failure occurs and cannot be corrected, the paramedic shall discontinue use of the ATV, initiate ventilation by bag-valve device, and notify the transferring physician &/or base/modified base hospital as soon as possible. S-SV EMS shall also be notified of any ATV failure by the end of the next business day.
- D. Paramedics shall continually observe the patient and document patient response to any changes while the ATV is operational.
- E. Initial ATV settings and any subsequent changes shall be documented on the PCR.
- F. The paramedic is responsible for all airway management and must frequently reassess tracheostomy/endotracheal tube placement, including after each patient movement.
- G. 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.
- H. Continuous waveform capnography shall be utilized during transport.
- I. 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.

CROSS REFERENCES:

- A. Paramedic IFT Optional Skills Transferring Hospital Requirements (341).
- B. Paramedic IFT Optional Skills Provider Agency Approval, Requirements & Responsibilities (441).