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| Sierra – Sacramento Valley EMS Agency Program Policy | | | |
| Paramedic Utilization Of Automatic Transport Ventilators During IFTs | | | |
|  | Effective: 06/01/2023 | Next Review: 03/2026 | 843 |
| | Approval: Troy M. Falck, MD – Medical Director | | SIGNATURE ON FILE |
| | Approval: John Poland – Executive Director | | SIGNATURE ON FILE |

PURPOSE:

To provide parameters for paramedic utilization of an Automatic Transport Ventilator (ATV) 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 ATV equipment shall follow the manufacturer instructions for use, maintenance, cleaning, and regular testing. At a minimum, ATV equipment shall undergo annual preventative testing/maintenance by qualified manufacturer’s representative personnel.
- D. Paramedics must be adequately trained and regularly retrained on the use of the ATV equipment. 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 and/or base/modified base hospital physician can be reached during the patient transport. These written orders shall be attached to the completed PCR.
- B. Ventilator support must be regulated by an ATV familiar to the paramedic.

- C. If an ATV equipment 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 and/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 airway management and must frequently reassess tracheostomy/endotracheal tube placement, including after each patient movement.
- G. Non-invasive BP monitoring equipment shall be utilized. Vital signs shall be monitored and documented every 15 minutes and any time there is any change in patient condition or adjustment of the ATV setting.
- H. Continuous pulse oximetry, waveform capnography, and cardiac monitoring shall be maintained throughout transport, and values/rhythms shall be documented every 15 minutes and any time there is a change in patient condition.
- I. The ATV equipment must be able to match the existing ventilator settings, and shall include the following minimum features (including circuit):
1. Modes:
 - Assist Control (AC).
 - Synchronized Intermittent Mandatory Ventilation (SIMV).
 2. Ventilation rate control.
 3. Tidal volume control.
 4. FiO₂ control.
 5. Positive End-Expiratory Pressure (PEEP) control.
 6. Inspiratory (I) time control.
 7. Peak airway pressure gauge.
 8. Alarms:
 - Peak airway pressure.
 - Disconnect.