

**COUNTY OF SACRAMENTO  
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Paramedic Utilization of Automatic Transport Ventilators (ATV) During Interfacility Transport (IFT)**

Policy Number: 6005.01

Initial Date: 11/01/23

Last Approved Date: 06/22/23

Effective Date: 11/01/23

Next Review Date: 06/01/25

\_\_\_\_\_  
Signature on File

EMS Medical Director

\_\_\_\_\_  
Signature on File

EMS Administrator

**Purpose:**

- A. To provide parameters for paramedic utilization of ATVs during IFTs.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Chapter 4, Article 2

**Policy:**

**Paramedic IFT Optional Skills**

- A. Only the providers approved by Sacramento County EMS Agency (SCEMSA) may be authorized to utilize Paramedic IFT optional skills.
- B. Only appropriately trained Paramedics employed by an approved provider may utilize Paramedic IFT optional skills.
- C. SCEMSA-approved providers using ATVs shall follow the manufacturer's instructions for the use, maintenance, cleaning, and regular testing of the device. At a minimum, ATVs shall undergo annual preventative maintenance testing and maintenance by qualified manufacturer's representative personnel.
- D. Paramedics must be thoroughly trained and regularly retrained on the use of ATVs. Training shall occur once annually and shall be documented.

**ATV Procedures**

- A. Written transfer orders from the transferring physician shall be obtained prior to transport. These orders will be attached to the electronic Patient Care Report (ePCR). These orders shall include:
  - 1. Orders for maintaining and adjusting ventilations via ATV settings during transport.
  - 2. Telephone number where the transferring physician can be reached during transport.
  - 3. Orders for maintaining sedation with sedatives that are within the basic scope of practice for paramedics.
- 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 the use of the ATV, initiate ventilation by a bag-valve-mask device, and notify the transferring physician as soon as possible.
  - 1. All ATV failures shall be reported to the EMS Agency via an EMS Events Form.
- D. Paramedics shall continually observe the patient and document the patient's response to any changes while the ATV is operational.
- E. Initial ATV settings and any subsequent changes shall be documented on the ePCR.
- 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:
    - a. Assist Control (AC).
    - b. Synchronized Intermittent Mandatory Ventilation (SIMV).
    - c. Controlled Mechanical Ventilation (CMV).
  - 2. Set the rate of ventilation.
  - 3. Adjustable delivered tidal volume.
  - 4. Adjustable FiO<sub>2</sub>.
  - 5. Positive End-Expiratory Pressure (PEEP).
  - 6. Adjustable Inspiratory and Expiratory ratios (I:E ratio).
  - 7. Peak airway pressure gauge.
  - 8. Alarms:

- a. a. Peak airway pressure
- b. b. Disconnect