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## DEPARTMENT OF HEALTH & SOCIAL SERVICES

Public Health Division



# SOLANO COUNTY

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## POLICY MEMORANDUM 6800

Implementation Date: May 21, 2023  
Review Date: March 1, 2025

### REVIEWED/APPROVED BY:

A blue ink signature of Pranav Shetty.

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**SUBJECT: PARAMEDIC UTILIZATION OF AUTOMATIC TRANSPORT VENTILATORS (ATV) DURING INTERFACILITY TRANSPORT (IFT)**

**AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.220  
California Code of Regulations, Title 22, Chapter 4, Article 1, Section 100145

### I. PURPOSE:

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

### II. PARAMEDIC IFT OPTIONAL SKILLS

- A. Only the Solano County ALS Exclusive Operating Area (EOA) Provider may be authorized to utilize Paramedic IFT optional skills.
- B. Only appropriately trained Paramedics employed by the ALS EOA Provider may utilize Paramedic IFT optional skills.
- C. ALS EOA provider using ATVs shall follow the manufacture instructions or 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 personal.
- D. Paramedics must be thoroughly trained and regularly retrained on the use of ATVs. Training shall occur once annually and shall be documented.

### III. 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 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 a Field Advisory Report (FAR).
- 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 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 rate of ventilations.
  - 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. Peak airway pressure.
  - b. Disconnect.