



**MIDSTATE EMERGENCY MEDICAL
SERVICES**

**Basic EMT CPAP
Packet**



MIDSTATE REGIONAL EMERGENCY
MEDICAL SERVICES COUNCIL
PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES

- Midstate Application for use of BLS CPAP*
 - CPAP Agreement*
 - Agency Medical Agreement*
 - Agency Medical Director Verification (DOH 4362)*
 - Operating Guidelines for CPAP Use*
 - Sample Policy*
 - NYS DOH Policy Statement*
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**MIDSTATE REGIONAL EMERGENCY
MEDICAL SERVICES COUNCIL**
PROUDLY SERVING ONEDIA HERKIMER AND MADISON COUNTIES

Application for Approval of BLS Agency CPAP Program

<i>Date</i>		<i>Person Completing Application:</i>		<i>Title</i>	
<i>Agency Name</i>				<i>NYS Agency code</i>	
<i>Mailing Address</i>				<i>City</i>	
<i>State</i>	<i>Zip Code</i>	<i>Email</i>			
<i>Agency CEO</i>				<i>Telephone</i>	
<i>Agency Medical Director</i>		<i>Email</i>		<i>Telephone</i>	
<i>Lead CPAP Instructor</i>			<i>AEMT CC P</i>		<i>NYS DOH EMS ID #</i>

<i>Include the following documents to this application</i>			
<input type="checkbox"/> <i>Medical Director Agreement</i>	<input type="checkbox"/> <i>Medical Director Verification Form (DOH 4362)</i>	<input type="checkbox"/> <i>CPAP Agency Agreement Letter</i>	<input type="checkbox"/> <i>Type of CPAP Unit</i>

<i>Chief Operating Officer Signature</i>	<i>Date</i>
<i>Agency Medical Director Signature</i>	<i>Date</i>
<i>REMAC Approval</i>	<i>Date</i>



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Midstate REMAC Agreement for CPAP Use BLS Agency

Agency Name

Hereby request permission to participate in the Midstate REMAC BLS CPAP Program:

We agree to abide by the following:

1. All providers will complete the CPAP Training Material, CPAP training must be completed by a NYS Critical Care, Paramedic, CIC or Medical Director.
2. All agency and personnel must follow all policies, procedures and protocols set forth by the Midstate Regional Medical Advisory Committee and NYS State.
3. Our Agency will provide and document annual CPAP updates with competency skill testing for all active providers.
4. Our agency agrees to participate in the Regional Quality Improvement Program. All calls in which CPAP is used will be reviewed by the agency CQI representative and Medical Director. A copy of the PCR and screen will be submitted monthly to the Program Agency.
5. If our agency, or one of our personnel disregards these guidelines and/or other applicable protocols, the privilege of providing pre-hospital CPAP treatment may be revoked or suspended by the Midstate Regional Emergency Medical Advisory Committee.
6. Any changes to the required agency information will be reported to the Program Agency within 30 business days.

The signatures below certify that the above conditions will be maintained and that we will be responsible for all participation in this Regional program.

Agency CEO / COO

Agency Medical Director



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Agency CPAP Policy

Insert Agency Name

Purpose:

To enable _____
Agency Name

NYS credentialed Basic Life Support (BLS) EMS providers to utilize CPAP for patients > 10 years old who meet criteria as outlined by NYS DOH Training curriculum and protocol. This is in accordance with New York State Department of Health Bureau of EMS Policy.

Education / Credentialing:

All Basic Life Support EMS providers are required to attend training that includes a didactic presentation and skills evaluation. Additional training should be completed on applicant o specific device utilized by the agency in accordance with manufacture recommendations. The initial training must be conducted by a NYS Critical Care or Paramedic Certified Instructor Coordinator. Annual agency training will occur on CPAP. Training documentation will be retained by the agency in the provider's training file.

Quality Control:

Routinely, EMT's will inspect the CPAP device for damage, replace if appropriate and document. CPAP use will be documented on the Pre-hospital Chart in accordance with medical practice.

Oversight:

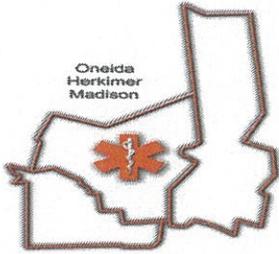
The Agency CQI Committee with oversight by the Agency Medical Director will perform quality assurance evaluations on each CPAP administration. These uses, and evaluations will be submitted within 30 days of use to the Program Agency.

Storage:

Unit will be stored in such a manner as to prevent damage

Required Supply:

Two (2) CPAP units – preferably one in portable bag and one in vehicle.



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BLS Continuous Positive Airway Pressure (CPAP) Operating Policy and Procedure

Agency Name

PURPOSE:

The purpose of this policy is to define the authority for the BLS use of CPAP, training, equipment, protocols, and procedures required for the use of CPAP by EMT's. CPAP is non-invasive means of providing respiratory support for patients who are in enough distress that they need more than supplemental oxygen, but do not yet require intubation.

POLICY:

The use of Continuous Positive Pressure Airway (CPAP) by basic EMT's was approved at the September 9, 2014 meeting of the New York State Emergency Medical Advisory Council. In addition, the Commissioner of Health has approved the addition of CPAP as part of the scope of practice for NYS certified EMT's. The DEMAC approval was granted with the specific condition that an EMS service wishing to use CPAP at the BLS level be granted approval by the Midstate Regional Emergency Medical Advisory Committee (REMAC) and that each EMT complete an approved training program.

APPLICATION:

The agency must first explore the ramifications and logistics of a BLS CPAP program and discuss the proposal with their agency medical director. In addition to BLS CPAP authorization, the agency must participate in the BLS albuterol program. Once the agency has decided to pursue the use of CPAP for their Basic EMT's. The agency must make a written request to the Midstate REMAC, consisting of the following:

- Midstate REMAC Application for Agency Approval of BLS CPAP use
- Letter from the agency medical director supporting the request for the use of CPAP, including the physicians plan for quality assurance and appropriateness review of each utilization.
- Written policies and procedures for the use of CPAP what are consistent with regional/state policies and protocols. This will include:
 - Written policies and procedures requiring the approved training program, continuing education, maintenance competencies and documentation for authorized providers.
 - A description of the CPAP device being utilized by the agency

Once the agency has received written REMAC approval, the agency will provide the NYS Department of Health BEMS with an updated Medical Director Verification form (DOH 4362) indicating CPAP approval.

QUALIFICATIONS OF EMT'S:

Persons qualifying for consideration for admission into the BLS CPAP program must be active members in good standings with the agency and currently certified at the EMT or AEMT level. EMT's that are approved for BLS CPAP training must also be trained and authorized to deliver Albuterol by nebulizer



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TRAINING:

The agency will arrange to provide instruction in CPAP use to each EMT who is approved by their service medical director to perform the procedure. The training program will consist of the following:

- Didactic/Lecture/Demonstration (3-4 hours) using the Midstate approved training program
- Psychomotor/Hands-on Practice (1 hour)
- A record of completion of written exam and demonstration.

INDICATIONS:

- Patient 10 years of age or older with signs and symptoms consistent with COPD, Asthma, Pulmonary Edema/CHF.
- Patient does not improve after oxygen administration.
- Patient has two or more of the following:
 - Respiratory rate > 24/minute
 - Increase work of breathing
 - SpO₂ < 92%.
 - Skin mottling, pallor or cyanosis
 - Pulmonary edema or frothy sputum

CONTRAINDICATIONS.

- < 10 years of age
- GCS < 14
- Systolic BP < 90
- Respiratory arrest or agonal respirations
- Blunt, penetrating chest trauma / suspected pneumothorax
- Facial trauma inhibits mask seal
- High risk of vomiting or aspiration
- Tracheostomy

EQUIPMENT

(Agency Specific list)

-Appropriate sized all-in-one disposable full mask CPAP units with ability to deliver 10cm H₂O pressure Inline nebulizer if required for bronchodilator administration

-Sufficient oxygen supply

-Bag Valve Mask

PROCEDURE

1. Request ALS intercept if available. Do not delay transport to the appropriate hospital
2. Position the patient in a seated position with legs dependent if possible
3. Evaluate and treat the patient according to the appropriate treatment protocol
4. Set up the CPAP system following manufactures directions



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5. Explain the procedure to the to the patient
6. Verify that oxygen flowing to the mask and then apply the mask
7. Do not exceed 10 cm H₂O pressure
8. Monitor SpO₂ throughout; repeat vital signs every 5 minutes and continuously monitor patient for improvement or failure to improve

NOTIFICATION:

Sudden removal of CPAP on arrival at the ED is risky, so it should be continued until the patient clearly stabilized. It is important to give enough notification to the emergency department so that they can notify respiratory therapy and prepare for patient arrival. Be aware that CPAP will deplete a D-sized oxygen cylinder rapidly be prepared to immediately access the wall mounted oxygen source as soon as the patient arrives in the emergency department.



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Bureau of EMS Policy Statement	
Policy Statement #	15-02
Date	April 29, 2015
Subject	Continuous Positive Airway Pressure (CPAP) for BLS EMS Agencies
Supersedes/Updates	New

Based on the results of a demonstration project, at the September 9, 2014 meeting of the New York State Emergency Medical Service Advisory Council (SEMSCO), the use of Continuous Positive Airway Pressure (CPAP) by Emergency Medical Technicians (EMT) in Basic Life Support (BLS) EMS agencies was approved. The SEMAC approval was granted with the specific condition that an EMS service wishing to use a CPAP device at the BLS level, be granted approval by their Regional Emergency Medical Advisory Committee (REMAC) and that each EMT complete an approved training program. The Commissioner of Health has approved the addition of CPAP as a part of the scope of practice for certified EMTs in New York State.

Policy

The SEMAC has approved a statewide protocol for the use of CPAP devices by EMT personnel for patients in respiratory distress. The REMAC must also adopt a single standardized training program, approved by the Department, which will be used by all agencies electing to utilize CPAP at the EMT level.

EMS Agencies wishing to be authorized to use CPAP devices must make a written request to their REMAC. The request should include, but may not be limited to the following:

- A letter from the agency medical director supporting the request for use of CPAP, including the physician's plan for quality assurance and appropriateness review of each utilization.
- Written policies and procedures for the use of CPAP that are consistent with regional policies and protocols. This shall include the following:
 - Written policies and procedures requiring the approved training program, requirements for continuing education, maintenance of competencies and the documentation for authorized providers;
 - A description of the CPAP device being utilized by the EMS agency.