

# STANDARD OPERATING Procedures

## Ventilator Program



**Department:** Operations

SOP#117

**Applicable to:** All Staff

**Effective Date:** 1 July 2020

2 Pages

**Authority:** Chief Of Operations

**Applicable CAAS Standard:**

**Revised Effective Date:**

### Purpose:

The purpose of this Standard Operating Guideline (SOG) is to outline the position of Brighton Volunteer Ambulance (BVA) regarding the operations of transport ventilators.

### Scope:

The scope of this document applies to ventilator technicians and prospective ventilator technicians, as well as the management team.

### Guideline:

1. Device Overview:
  - 1.1. The agency will use an FDA approved ventilator(s) to facilitate the transport of chronically ventilated patients to approved receiving destinations as dictated through NYS Collaborative Protocols, and Monroe Livingston Regional Emergency Medical Services (MLREMS) policy, and Article 30.
  - 1.2. Ventilator(s) meets all FDA requirements for transport qualification, and additionally satisfies all MLREMS qualifications as outlined in the policy “Use of Transport Ventilators”.
2. Candidates
  - 2.1. Providers will require agency specific clearance for transport ventilator use.
  - 2.2. Providers must be cleared providers in good standing for a minimum of six months prior to being eligible for the transport ventilator program.
  - 2.3. Personnel must receive at least six (6) hours annual ventilator theory/operation training. This training will meet all MLREMS requirements as written in the “Use of Transport Ventilator” Policy, and will be maintained by the agency Training Department.
3. Clearance
  - 3.1. Providers who meet the requirements of section two will be cleared to perform ventilator transports in addition to:
    - 3.1.1. Familiarization session with Assistant Chief - Clinical Care
    - 3.1.2. Hands on “clinical” time in a facility with chronic vented patients.
    - 3.1.3. Approval of the Agency Medical Director.
4. Ventilator Equipment, Storage, and Maintenance
  - 4.1. Ventilator(s) will be secured at the agency base ALS room, with access being granted to all advanced level providers. The ventilator unit will be secured with an additional “ventilator” transport response bag. Both the ventilator and response bag will be

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- inspected on the 1st and 15th of every month to maintain compliance with the agencies correlating checklists.
- 4.2. As per manufacturer recommendations the ventilator(s) will be inspected annually in accordance with recommended inspection dates. Any additional maintenance or preventative care will be managed through the ventilators manufacturer.
  - 4.3. As per manufacturer recommendations, the ventilator(s) will receive annual service per contract.
5. Field Utilization
- 5.1. To meet ventilator transport criteria a patient must be ventilator dependent with preexisting ventilator settings that do not require acute modification for treatment/transport outside current NYS Collaborative Protocols.
  - 5.2. Patients requiring modified ventilator settings outside the NYS Collaborative Protocols or advanced ventilator management will be managed with bag valve mask (BVM) ventilation for the duration of transport.
6. Responses
- 6.1. When a ventilator transport is requested the “next” up rotation ventilator technician will respond at the appropriately dispatched mode of response.
  - 6.2. Additional staff may respond non-emergency to assist in ventilator transport, but will not consider themselves “assigned” to the call unless scene conditions dictate it as such.
  - 6.3. In the event that no ventilator trained personnel are available, and at the discretion of the sending Respiratory Therapist any patient may be ventilated with a BVM. If any patient is unable to be transported with BVM managed ventilation, and no agency ventilator technicians are available the call will be mutual aided to the next available ventilator capable transport agency.
7. Mutual Aid Responses
- 7.1. Mutual Aid requests for ventilator assistance will be granted if the following criteria are met:
    - 7.1.1. Patient must be chronically ventilator dependent and is unable to be transported with his/her personal ventilator unit.
    - 7.1.2. Patients must meet the requirements of section five, field utilization.
8. Quality Assurance
- 8.1. Each transport ePCR requiring a ventilator will be reviewed by the Agency Medical Director and Assistant Chief Clinical Care for quality assurance and policy compliance. Any documentation or clinical concerns that arise will be mitigated in compliance with the agency Quality Assurance / Quality Improvement Plan.

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