



## **WREMAC BLS Administration Program Information Packet**

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**Western Regional Advisory Committee Agreement for Use of CPAP**

\_\_\_\_\_  
(Agency Name)

hereby request permission to participate in the WREMAC 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 Western Regional Medical Advisory Committee and NY 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 must 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.
6. 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 Western Regional Medical Advisory Committee.
7. Any changes to the Required Agency Information will be reported to 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 aspects of participation in this Regional program.

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Service Medical Director

**Medical Director Statement of Agreement**

I hereby agree to serve as the Medical Director for:

\_\_\_\_\_.  
(name of agency)

I understand that all patient care will be provided under my license, in accordance with the NYS and WREMAC regional protocols and training guidelines, except in cases of gross negligence resulting in injury or death. *Upon signing this document, I agree to:*

- Provide and/or assist with annual CPAP in-services/updates and training
- Annually renew the CPAP agreement with this agency
- Participate in Q.I., and review all calls in which CPAP was utilized and any other calls as necessary
- Provide medical leadership
- Act as a resource for continuing education
- Remain familiar with regional and NY State and BLS protocols

MD signature: \_\_\_\_\_

MD name printed: \_\_\_\_\_

Date: \_\_\_\_\_ MD daytime phone #: \_\_\_\_\_

MD address: \_\_\_\_\_

\_\_\_\_\_

# Medical Director Verification

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council's Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC's written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> Defibrillation / PAD | <input type="checkbox"/> Epi Autoinject        | <input type="checkbox"/> Albuterol                      | <input type="checkbox"/> Blood Glucometry                       | <input type="checkbox"/> Naloxone                                       |
| <input type="checkbox"/> CPAP                 | <input type="checkbox"/> Check and Inject      | <input type="checkbox"/> 12 Lead                        | <input type="checkbox"/> Ambulance<br>Transfusion Service (ATS) |   |
| <input type="checkbox"/> EMT<br>Level of Care | <input type="checkbox"/> AEMT<br>Level of Care | <input type="checkbox"/> Critical Care<br>Level of Care | <input type="checkbox"/> Paramedic<br>Level of Care             | <input type="checkbox"/> Controlled Substances<br>(BNE License on File) |

Agency Name \_\_\_\_\_

Agency Code Number \_\_\_\_\_ Agency Type:  Ambulance  ALSFR  BLSFR

Agency CEO \_\_\_\_\_  
Name

Medical Director \_\_\_\_\_  
Name

\_\_\_\_\_  
NYS Physician's License Number

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C – \_\_\_\_\_

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: \_\_\_\_\_

*I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.*

*I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.*

*If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.*

Medical Director \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature



Western Regional Emergency Medical Advisory Committee

ALLEGANY, CATTARAUGUS, CHAUTAUQUA, ERIE,  
GENESEE, NIAGARA, ORLEANS, AND WYOMING COUNTIES

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**AGENCY:** \_\_\_\_\_  
**SECTION:** Additional Patient Care Therapies  
**SUBJECT:** Continuous Positive Airway Pressure (CPAP)  
**DATE:** \_\_\_\_\_

**Purpose:**

To enable (Place department name here) NYS credentialed Basic Life Support EMS providers to utilize CPAP for patients > 10 y/o 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 (NYS DOH BEMS) Policy Statement 15-02

**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 application of specific device utilized by agency according to manufacturer recommendations. The initial training must be conducted by a NYS Critical Care or Paramedic CIC. Annual agency training will occur on CPAP. Training documentation will be retained by the agency in the provider's training files.

**Quality Control:**

Routinely, EMT's will inspect the CPAP device for damage, replace if appropriate and document. CPAP use will be documented on the patient care report in accordance with standard medical practice.

**Oversight:**

The agency CQI Committee with oversight by the Agency Medical Director will perform quality assurance evaluations on each CPAP administration for the initial six months of the program, or longer at the request of the Agency Medical Director. After this initial program review, the CQI Committee and Agency Medical Director must review intranasal use on a regular basis at a minimum annually. This includes submission of quality review sheet to NCEMS.

**Storage:**

Store in such a way to prevent damage of unit

**Safety:**

The EMS vehicle will provide a safe disposal for medical waste/sharps on the vehicle.

**Required Amount:**

Two (2) CPAP units- Minimally 1 should be on ambulance (preferably in portable bag), second can be in cabinet on ambulance.

CPAP Unit being utilized \_\_\_\_\_

## BLS CPAP Therapy Screen

This regional screen should be completed for every patient that receives pre-hospital BLS CPAP therapy. The information you provide will be used to evaluate the effectiveness, safety, and frequency of use in our region. This **screen must be sent** to the Program Agency office with the PCR research copies by the 15<sup>th</sup> of the following month the PCR's are dated for or can be faxed/mailed to the Program Agency.

DATE     /     /     \_\_\_\_\_ (EMT IN CHARGE) \_\_\_\_\_ (EMT NUMBER) \_\_\_\_\_

AGENCY NAME \_\_\_\_\_ AGENCY CODE \_\_\_\_\_

### Patient Information

Age:         Male     Female    Respiratory Distress:     Moderate     Severe

**Vital Signs**  
 Prior to treatment:    Resp.        Pulse        BP     /        Room Air O<sup>2</sup>Sat     %  
 Arrival at Hospital:    Resp.        Pulse        BP     /        On CPAP O<sup>2</sup>Sat     %

**Reason for CPAP use?**  
 COPD/Asthma     Pulmonary Edema     Other: (Explain) \_\_\_\_\_  
 Pneumonia     Submersion/drowning or smoke inhalation

**Do you feel the use of CPAP had any significant effect on the patient condition?**  
 Improved     Worsened     No Obvious Change

**Approximately how long did patient receive CPAP therapy?**        Minutes

**Did the patient receive a nebulizer treatment through the CPAP device?**     Yes     No  
 Did you interface with ALS    yes/no    If no why not \_\_\_\_\_

**If you did not have CPAP how would you have assisted this patient?**

BVM     NRB     Other \_\_\_\_\_

Provider completing review: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WESTERN REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE  
SAMPLE OPERATING POLICIES AND PROCEDURES

[EMS Agency Name]  
BLS CPAP Standard Operating Policy and Procedures

**CAUTION:** This is a sample policy only. Each agency must adapt and change this to fit their specific CPAP program information!

Subject: BLS Use of Continuous Positive Airway Pressure [CPAP] – **SAMPLE**

Date Effective:

Date Revised:

Supersedes:

**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 EMTs. CPAP is a 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 Airway Pressure [CPAP] by Basic EMTs was approved at the September 9, 2014 meeting of the New York State Emergency Medical Service Advisory Council. In addition, 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. 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 Western Regional Emergency Medical Advisory Committee [WREMAC] and that each EMT complete an approved training program

### Application

The agency must first explore the ramifications and logistics of starting a BLS CPAP program and discuss the proposal with their agency medical director. In addition to BLS CPAP authorization, the agency must also be participating in the BLS Nebulized Albuterol program. Once the agency and medical have decided to pursue the use of CPAP for their Basic EMTs, the agency must make a written request to their WREMAC which consists of the following:

- WREMAC Application for Agency Approval of BLS CPAP Use
- Letter from the agency medical director supporting the request for the 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 which are consistent with regional/state 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

Once the agency has received written approval from the WREMAC, the agency must provide the NYS Department of Health Bureau of EMS with an updated Medical Director Verification Form (DOH-4362) indicating CPAP approval.

### Qualifications of EMTs

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

### 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 WREMAC approved PowerPoint Training Program
- Psychomotor/Hands-on Practice (1 hour)



- Given the agency-specific equipment to be used, the instructor will guide the student to perform the skill to proficiency
- In a one on one situation, the instructor will use the two scenarios which meet the following criteria
  - There is an indication for CPAP
  - The device fails to operate properly
  - How to troubleshoot the CPAP device
- WREMAC-approved written exam (1 hour) with 80% efficiency
- WREMAC-approved skills evaluation with no failure of critical criteria (1 hour)
  - Must be conducted in a testing environment in which the student understands that he/she is being evaluated and no corrective guidance is given
- Remediation, as needed (4 hours)
  - The student will be allowed two attempts at the written examination and three attempts to perform the practical skills.
  - Students who fail will go through another training session and/or remediation process

The Instructor for the agency training must be a NYS CIC certified at the Critical Care or Paramedic Level. The Agency Medical Director is strongly urged to participate in the training and evaluation process. Although a sales representative may not serve as instructor for this program, he/she can be present to demonstrate the actual device and answer questions regarding its proper set up and use.

Upon completion of the training course, the student shall be able to:

1. List the indications, contraindications, advantages, and potential complications with the use of CPAP.
2. Identify the agency-specific equipment required for the use of CPAP
3. Describe and demonstrate Body Substance Isolation procedures required for the use of CPAP
4. Describe and demonstrate respiratory assessment and basic airway management techniques
5. Describe and demonstrate procedures, including preparation of equipment, positioning of patient, for the use of CPAP
6. Demonstrate proper utilization of CPAP device to include:
  - a. Properly sized mask and positioning of mask to include utilization of head straps
  - b. PEEP adjustment to 10 cm H<sub>2</sub>O
  - c. Coaching of patient
  - d. Monitoring of CPAP circuit for air leaks
  - e. Monitoring the face mask placement for proper fit
  - f. Monitoring the patient's response and tolerance to the CPAP
7. Describe and demonstrate documentation of the CPAP procedures and patient assessment

### **Training Records**

Each agency is required to keep a BLS CPAP Course record for each course given. This file must contain the following:

- Separate class roster for each session of the course
- Date of session and time class began and time class ended
- Printed name, signature and EMT # of each student attending
  - *The CIC must make on the record for any student who arrived late to a class or who did not stay for the entire session, including whether or not the time was made up.*
- Printed name, signature and CIC # of supervising CIC
- Printed name, signature, CIC/CLI # and level of certification of each assisting instructor
- Record of training program used and any student handouts
- Completed skills sheets and written exam for each student
- Summary sheet with student results

### **Maintenance of Competency - Continuing Education**

Each EMT/AEMT who has been approved to administer CPAP must review CPAP administration procedures, protocols, and successfully complete the written and skills exams at least every three years. This may be done by taking another CLS CPAP

training class, a specific CPAP review class or by reviewing CPAP and taking the exams within the EMT refresher program. A record of successful completion of written exam and demonstration of CPAP skills must be kept in the agency member's/employees file for at least 5 years.

### **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
  - Increased work of breathing
  - SpO<sub>2</sub> < 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 inhibiting 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 10 cm H<sub>2</sub>O 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 manufacturer directions
5. Explain the procedure to the patient. It is important to coach and reassure the patient throughout the procedure.
6. Verify that oxygen is flowing to the mask and then apply mask
7. Do not exceed 10 cm H<sub>2</sub>O pressure
8. MONITOR SpO<sub>2</sub> continuously throughout; Repeat vital signs every 5 minutes and continuously monitor patient for improvement or failure to improve
  - a. The patient should improve in the first five minutes with CPAP, evidenced by decreased heart rate and blood pressure, decreased respiratory rate and increased SpO<sub>2</sub>

### **Emergency Department 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 and be prepared to immediately access the wall mounted oxygen source as soon as the patient arrives in the emergency department.

## **Documentation**

The use of CPAP must be thoroughly documented on the patient's Prehospital Care Report including the following:

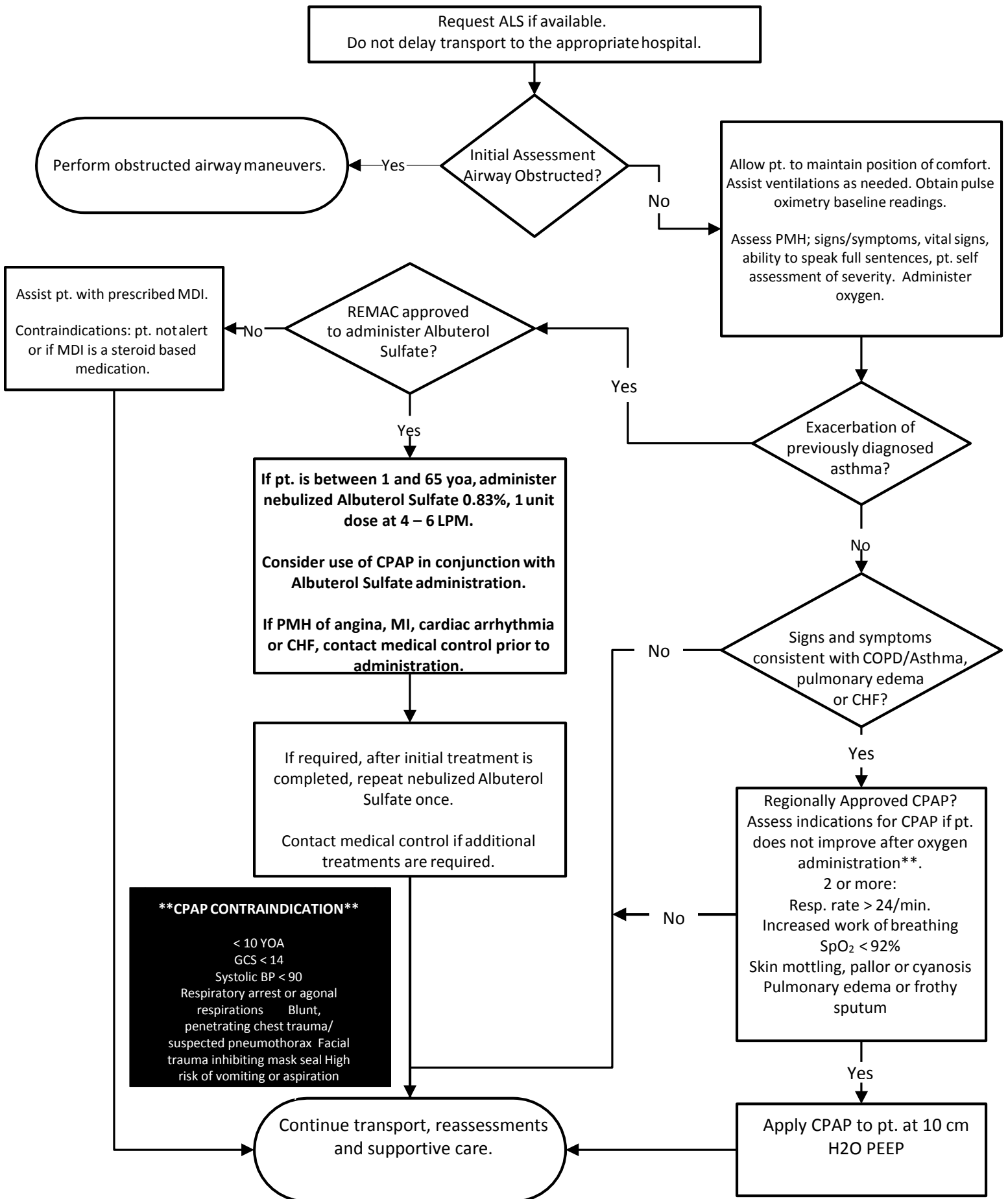
- Patient assessment findings and circumstances contributing to the decision for using CPAP
- Initial vital signs and SpO<sub>2</sub>
- Vital signs, including heart rate, respiratory rate and blood pressure, skin color, level of consciousness and SpO<sub>2</sub> at least every 5 minutes
- CPAP System used
- Time CPAP started
- CPAP level provided (10 cm H<sub>2</sub>O)
- FiO<sub>2</sub> provided (100%)
- Narrative documentation including the patient's response to treatment
- Additional narrative documentation should include if the patient does not respond to CPAP and EMT's response
- Any additional interventions/treatments
- Arrival condition at ER
- ***An WREMAC CPAP Use Reporting Form must be completed for each BLS CPAP application (successful or unsuccessful) and be submitted to the AAREMS office within one week of CPAP application***

## **PROTOCOL**

The agency will follow the WREMAC approved Adult Respiratory Distress (non-traumatic/non-pneumothorax) Protocol (which includes BLS Albuterol sulfate administration by nebulizer and CPAP) – ***See Next Page***

# Adult Respiratory Distress

(non-traumatic/non-pneumothorax)





**Department  
of Health**

New York State  
Department of Health  
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supercedes/Updates: New*

**No. 15 - 02**

**Date: April 29, 2015**

**Re: Continuous  
Positive Airway  
Pressure (CPAP)  
for BLS EMS  
Agencies**

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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.

Once the EMS service has received written approval from the REMAC, the EMS Service must provide the Department with an updated **Medical Director Verification Form (DOH-4362)** indicating CPAP approval.