



CPAP Application Checklist -BLS Agencies:

- ____ BLS CPAP Notice of Intent
- ____ Agency SOPs / SOGs Re Use of BLS CPAP
- ____ Roster of Trained EMTs
- ____ Signed Medical Director Verification - DOH 4362



Westchester Regional Emergency Medical Advisory Committee
Basic Life Support CPAP Program
NOTICE OF INTENT

Agency Name

Agency Information:

Type (Check one)

Ambulance

BLS FR

NYSDOH Agency Code

Type of CPAP Unit:

PURPOSE

To provide the highest quality patient care and education, and to afford the latest advances in pre-hospital medical care to the EMS providers and citizens of the Westchester Region. This Notice of Intent documents our participation in the Westchester Regional Emergency Medical Advisory Committee (REMAC) Continuous Positive Airway Pressure (CPAP) for BLS as a treatment for patients >10 y/o who meet the criteria as outlined by the NYS DOH training curriculum and state and regionally approved protocols.

SCOPE

This Notice of Intent is executed pursuant to New York State Bureau of EMS (NYSDOH BEMS) Policy Statement 15-02: Continuous Positive Airway Pressure (CPAP) for BLS EMS Agencies, or any superseding policy, submitted by the above named emergency response service, to document participation in the program established by the REMAC.

Where applicable this includes the introduction of pulse oximetry monitoring by BLS providers as an authorized skill as essential in ruling in / out hypoxemia as a differential in the Respiratory Distress protocol. Training on the use of this tool should be integrated into any skill review for use of CPAP.

JUSTIFICATION

To make available rapid intervention for patients > 10 y/o who suffer from respiratory distress and may not have access to advanced emergency medical care in the short time frame necessary to avoid undue mortality and morbidity.

REQUIREMENTS

- All Emergency Medical Technicians (EMT) providers participating in this program are required to attend training that includes a didactic presentation and skills evaluation.
 - Initial training must be conducted by a NYS Paramedic certified instructor coordinator (CIC).
 - Additional training should be completed on application of the specific device utilized by the agency according to manufacturer's recommendations.
 - Annual agency training of all participating EMTs will occur on CPAP.
 - Training documentation must be retained by the agency in each of the providers' training files.
- Two (2) CPAP circuits will be available at all times on response vehicles.
 - One (1) circuit should be in a first response kit (ie oxygen bag), with an additional in a cabinet in the vehicle.
 - Routinely, EMTs will routinely inspect the CPAP device for damage, replace if appropriate and document.
 - The CPAP system to be utilized by this agency is _____.

NOTE: Please attach a copy of the brochure / pamphlet for your make / model.

- CPAP use will be documented in the patient care report in accordance with standard medical practices.
- The agency’s CQI Committee with oversight by the Service Medical Director will perform quality assurance evaluations on each BLS CPAP use for the initial six (6) months of the program, or longer at the request of the Service Medical Director.
 - After this initial program review, the CQI Committee and Service Medical Director must review intranasal use on a regular basis, at a minimum annually. This includes submission of quality review report to the Westchester REMAC.
- Ambulance and first response services must develop and submit their own service-specific written policies regarding:
 - Training and credentialing and continuing medical education of BLS providers;
 - Maintaining documentation of credentialed users;
 - Patient care documentation and post-call reporting;
 - Quality improvement reviews;
 - Inventory and storage; and
 - Proper disposal of administration equipment.
- Each Service Medical Director must supply ambulance and first response services with written authorization necessary to purchase pharmaceuticals and administration supplies, under the following guidelines:
 - Provide and/or assist with annual CPAP in-services/updates and training;
 - Annually renew the CPAP program with the agency;
 - Participate in CQI and review all calls in which CPAP was utilized or should have been;
 - Provide medical leadership;
 - Act as a resource for continuing education; and,
 - Remain familiar with regional and NY State and BLS protocols regarding the use of CPAP

The below signed agency officials agree to adhere to the requirements listed above, and prior to initiating the BLS CPAP Program, submit this Notice of Intent along with the required policies and a roster of the initially trained EMTs to the Regional EMS Office for presentation to the REMAC for its approval.

Name of Service Medical Director (Print)	Name of Chief Executive Officer (Print)
Signature of Service Medical Director	Signature of Chief Executive Officer
Date:	Date: