



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES


Joe Manchin III
Governor

Martha Yeager Walker
Secretary

MEMORANDUM

DATE: June 18, 2008

TO: EMS Agency Officials
EMS Agency Medical Directors

FROM: William D. Ramsey, M.D.,
State EMS Medical Director 

RE: **Continuous Positive Airway Pressure Treatment**

As many of you are aware, the State Medical Policy Care Committee has been working on the addition of Continuous Positive Airway Pressure or **CPAP** to the West Virginia EMS System's protocols for several months. At the April 25, 2008 meeting, this addition was approved as an option to the current scope of practice for EMTs, EMSA-Intermediates, and Paramedics. This addition will add an important tool for our patients with moderate to severe respiratory distress with minimal risks.

The optional addition of CPAP to a provider's scope of practice should be a decision made jointly between the agency official and the agency medical director. This decision should be based on a multitude of factors including, but not limited to, the availability of funding, medical director oversight, transport times, and other such factors. The discussion should also include conversation with the receiving facilities about this additional treatment.

Agencies who desire to implement this program should complete the enclosed application and submit to the WV Office of EMS. After receipt and verification of the information, the Office of EMS will forward training materials and required equipment specifications to the agency. The initial education should be conducted by the agency medical director or their designee who should be an individual who is familiar with the use of CPAP and its indications and contraindications. This individual must be approved by the agency medical director and listed by name on the application. A short bio of the trainer, to include their credentials, should also be submitted with the application.

BUREAU FOR PUBLIC HEALTH
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Office of Emergency Medical Services
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Charleston, West Virginia 25301-3714
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As this is an optional program, there will be additional reporting requirements for those agencies electing to participate. These requirements will include the completion of a supplemental form as part of the patient care report. This form will be provided to the participating agencies and should be completed and submitted as indicated. This data will be used to evaluate the frequency of CPAP provision and its effectiveness.

I believe this addition will truly be a beneficial step in providing better patient care. If you have any questions or need additional information, please do not hesitate to contact the Office of EMS. The point of contact for this program will be Deron Wilkes, Chief of Special Operations. He can be reached at 304-558-3956 or by email at deronwilkes@wvdhhr.org.

Thank you for your assistance with this important and worthwhile improvement to the EMS System in the State of West Virginia.

Enclosures

pc: Jerry Kyle
Deron Wilkes
State Medical Policy and Care Committee
Joe Richards
WV EMS TSN Program Directors



Continuous Positive Airway Pressure (CPAP) Application

*This application is intended to serve as notice of an agency's intent to provide **Continuous Positive Airway Pressure (CPAP)** as an optional treatment modality as authorized by the West Virginia Office of EMS's Medical Policy Care Committee.*

Agency:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

Agency Official (print):

Agency Official (signature):

We intend to use the following individual as the provider for the initial education. A short bio of this individual is attached to this application.

Provider Name:

Telephone:

I have discussed the proposed inclusion of CPAP into the current scope of practice of EMS providers practicing with the above-named agency and concur with its inclusion. I agree with the designation of the above individual to provide this training, and I further agree to review each case involving the use of CPAP as part of my medical review responsibilities and as required by OEMS-MPCC guidelines. Additionally, I have discussed this treatment addition with the receiving facilities for this agency.

Agency Medical Director (print):

Agency Medical Director (signature):

After receipt and verification of the above information, the Office of EMS will forward the appropriate training materials, protocols, and equipment specifications to the approved agency. No steps toward implementation should be taken (i.e., training, equipment purchase, etc.) until after receiving confirmation from the WV Office of EMS.