

EMT Meeting March 27, 2024

Present: Brenda, CJ, Dustin, Jacob, Nicole, Mason, Brennan, Makenna, Danielle, Olivia, Kathy

-There are a lot of **protocol changes**-please look through them and make yourself familiar.

-**PHTLS**-Per Barry County Medical Control, Basics will be required to take PHTLS. Nicole is finishing her I/C, we will then work to get her through training to teach and get WAEMS registered as a PHTLS training center so we can have the classes here.

There will also be an online Barry County protocol test for everyone to take. This should be open book and will be through American CME. We will let you know when this is ready also.

-**Signatures**-great job getting signatures for transports! Thanks for your work to get this done as it makes a difference in our billing!

-**Martin Dragstrip**-As we come into the race season, be aware of any potential issues when responding to the US 131 Motorsports Park. Martin Fire should be on scene before us, but if not or if you have any problems, let dispatch know and if there is not an officer on scene, they will send one. Track personnel are not a licensed facility/response team and are only allowed to do basic first aid. If you find patients on a BB, or c-collared, document well and let Kathy or Brenda know. Do not leave or exchange equipment with them.

-**New truck**-with the need for a new truck and our truck on order over a year out, we will be purchasing a truck off the lot. The set-up may be slightly different, but still close with plenty of room for our supplies. Expect this in the next couple of months.

-**OneDose**-Barry County Protocols will be available on the app OneDose. We will need a code which we should get soon. Barry County protocols go live at midnight April 1.

-**Med-Comm**-with Air Care leaving Kalamazoo, MedComm will be changing. Instead of getting patched through when you call, there will be a phone tree and you will pick the number corresponding to your transport destination. If using the 800, just listen to make sure the channel is clear before calling.

-**MiMedic** cards-should be at MDHHS from the printer next week and distributed from there. As noted in the Wednesday Update from the State, there are some things you need to be aware of. See attached.

-**C-spine changes** in the new protocols: For patients over 65 with a fall, you do not need to collar unless there is a headstrike or S/S that call for a collar. Regarding mechanism: you do not need to collar on mechanism alone, only if the following are present: altered mental status, spinal pain, distracting injury, intoxicated, motor/sensory deficits.

-**Construction season**-be aware of the (bigger) closures coming up:

1) Starting Sunday, March 31 at 5PM, US131 NB will be shut down at 28th St. for a month, then changing to SB. They will start narrowing at 44th. There are different routes you can take to get to BTW, St. Mary's, or Blodgett, depending on where you are coming from. See attached.

2) M89/M40 closure in Allegan: closed until fall. See attached.

3) US131 between 76th and 100th. Starting in April. Starting with NB then SB. Not a total shutdown of lanes, have not heard more details.

The biggest thing is to know before you go!

-**Tyler Frank and Mike Powell** have passed their medic class! Congratulations to both! They will be picking up shifts and working on getting credentialed.

-**Polo's** are in-T-shirts and SS have been ordered and should be in soon.

Construction Season Detours

KNOW BEFORE YOU GO!

US 131 closure at 28th St NB: Starts 3/31/24

BTW: From South and East, Take M-6 to 196 to College to Michigan

From West, Take 196 to Ottawa (or College) to Michigan

Blodgett: Take M-6 to M-37 to Burton to Breton (or to Plymouth) to Lake Dr or Wealthy to Plymouth

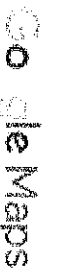
St. Mary's: Exit 54th St to Eastern to Wealthy to Jefferson

M-89 at M-40: Started 3/25/24

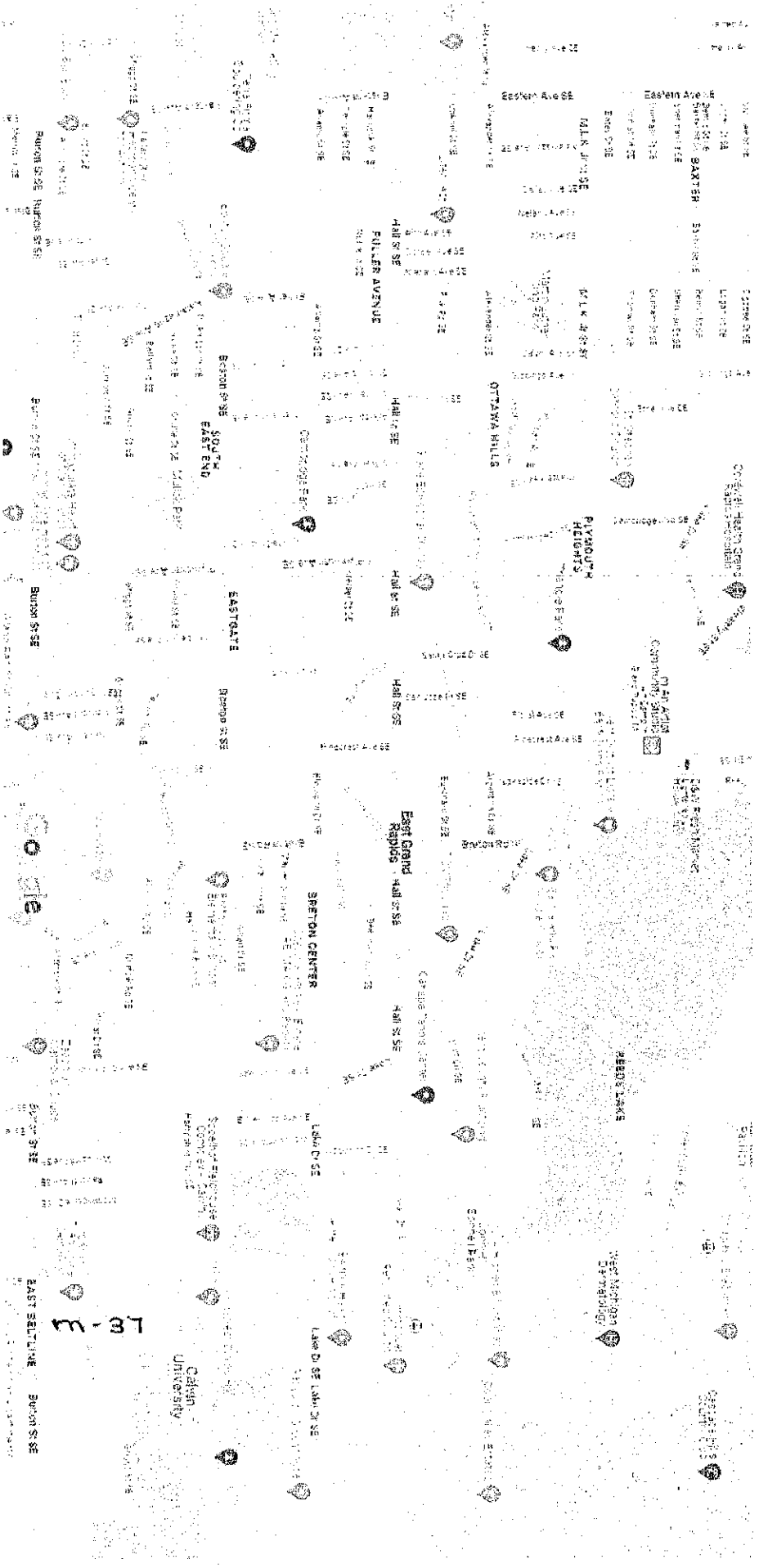
AGH: A-37 (30th St) or M-222 to Grand to N. Cedar to Cutler to Arbor to Ely to Thomas St to Linn St to AGH

US 131 between 76th and 100th St-starts in May?

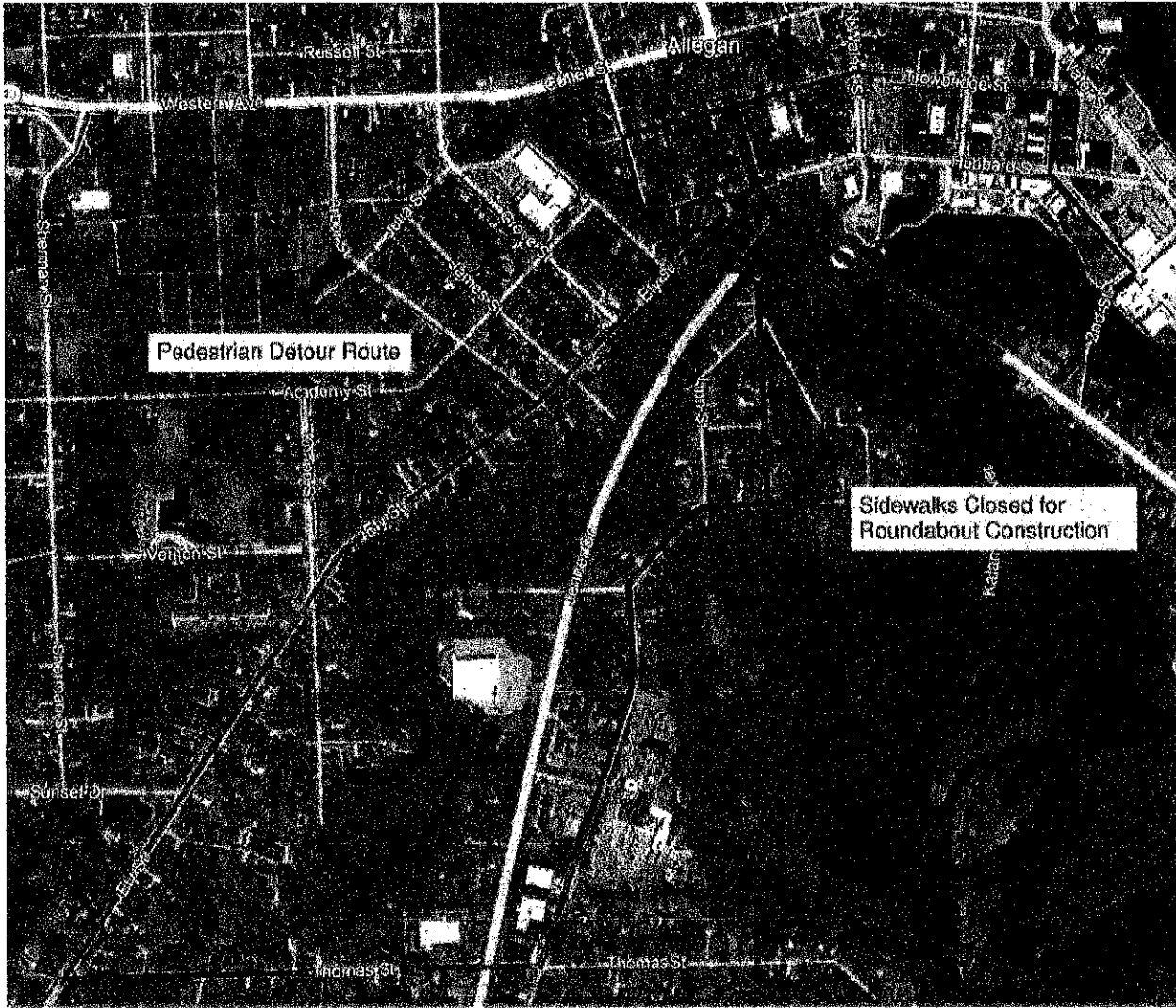
There are many different ways you can take to get to each hospital, depending on time of day, where you start from, etc. The most important thing to remember is to **have a plan before you go**, know your options before you get on scene.



Bloodgett



Map data ©2024 Google 1000 ft



Emergency Contacts:

Kyle Ellis – 269-823-7481

Chad Rajala – 248-925-7436

Cassandra Kooistra

911 Dispatcher

Allegan County Central Dispatch

269-673-3899

From MDHHS 03/28/2024:

As people have been training on the new MI MEDIC cards, we have continued to have different comments come in about wording, configuration, and other issues. First, let me say that it is amazing that you are using this tool. It is good to know that the time and energy spent in the development and maintaining of the cards is going to good use. Secondly, please remember that these are a dosing tool. Your protocol drives you to the card for the dosing, concentration, and draw up of medication. It is not the driver of treatment itself. That is, and will continue to come, from the protocols themselves. Lastly, I imagine we will continue to see updates to the digital version of the cards as needed, but MDHHS will not be updating the print cards *unless* a safety issue is found, similar to the Ketamine error that was pointed out recently. This is the nature of printed vs. electronic resources. The print is always a little behind, especially in dynamic fields like EMS. With all of that said, a few points of follow up for the MI MEDIC today.

1. People had pointed out that the glucose reading for administration of dextrose in small babies did not match the protocol. **The dosing and concentration are correct.** The issue is pointed out between 40 and 60 mg/dL readings for blood glucose. The MI MEDIC is correct on this point and will not be changing. The state protocol will be updated after the roll out is complete. This was after a discussion at QATF in November of 2023 and just happened to be timing that it got into the MI MEDIC before printing.
2. The indications for Lidocaine and Amiodarone do not necessarily match MCA selections. **The dosing and concentration are correct.** Each MCA can choose the medications for cardiac arrest and symptomatic wide complex tachycardia, and we have not seen any sort of universal adoption on this. Because of the inconsistencies between MCAs, **the digital version is being updated** and will be posted to our website as 4.1.5 to include the other indication for amiodarone. The print version will not have this change. If an MCA desires, MDHHS will accept the MCA and/or agency printing clear stickers with the indication to apply to the cards. It is not feasible for MDHHS to do this for the 6,000 printed versions over 9 pages, when the **dosing and concentration are correct.** This decision was made under the advisement of the QATF on 3/22/2024.

Amiodarone (150 mg/3 mL) IV/IO for shock resistant V-Fib (or wide-complex tachycardia*)	25 mg	0.5 mL
Lidocaine (100 mg/5 mL) IV/IO for shockable V-Fib (or wide-complex tachycardia*)	6 mg	0.3 mL
Atropine (1 mg/10 mL) IV/IO for bradycardia unresponsive to Epinephrine [†]	0.1 mg	1 mL
*Adenosine (6 mg/2 mL) IV/IO 1st Dose. 0.1 mg/kg. For SVT (HR > 220)	0.5 mg	0.2 mL
*Adenosine (6 mg/2 mL) IV/IO 2nd Dose. For SVT (HR > 220)	1 mg	0.4 mL

3. We are anticipating the delivery to our office of the printed cards any time after next week, so you will likely hear more soon about distribution and timing.