

NEMMCA Advisory Committee Meeting

October 28, 2021

Start time 1300 End 1410

Attendees: Nick Harrison, Bill Forbush, Donna Szlag, Chelsea Knowlton, Paul Bucchi, Tanya Rouse, Tyler Suszek, Amber Olson, Jim Fluerry, Scott Rice, Beth Lawler, Matt Trienen, John Clayton, Paul Fournier

- **Call to Order:** Nick Harrison
- **Discussion Topics**
 - Bylaws
 - N. Harrison stated that the bylaws were sent to the Hospital attorney for review. A template from the State of MI was used in the design. Nick explained there will need to be some modifications in order to make the NEMMCA a stand-alone organization, separate from the Hospital.
 - NEMMCA Board of Directors meeting
 - Scheduled for Wednesday, November 3, 2021 at 8 am.
 - Drug box & Yellow packs
 - Friday, November 5, 2021 from 7am – 3 pm drug boxes/yellow bags need to be brought to the MidMichigan-Alpena pharmacy to have Morphine added. At this time, the spacer and inhaler will also be removed from the yellow bag and placed into the drug boxes. C. Knowlton stated that pink ribbons will be placed on packs/boxes to identify which have been updated. Pharmacy will also be doing an inventory at this time and Chelsea will monitor for damaged/broken boxes and bags that may need replacing so we have an accurate count on how many need to be replaced.
 - Drug box replacement- N.Harrison opened discussion on replacing the Plano 747 drug boxes. B. Forbush requested the current Plano boxes be kept. Nick stated that if we keep them, he estimates about 7-8 will need to be replaced r/t damage. T. Suszek requested the narcotics be separated from the drug box. Nick stated that if the narcotics were separated from the box, a more substantial box for the narcotics would be required instead of keeping them in the pouch. Nick also stated that if the narcotics were to stay in the Plano 747 boxes, consideration should be given to changing the color of the narcotics pouch or the IFT pouch as they are the same color and this creates confusion. Tyler agreed that they look too much alike and suggested a Pelican box for the narcotics.
 - Drug box security
 - N. Harrison stated that the Plano 747 is too heavy to be stored in an omnicell, but states if the narcotics are separated, the narcotics could potentially be stored in an omnicell. Nick stated another option being discussed is placing the drug box cabinet key in the omnicell to add another layer of security. This would allow tracking of the provider signing out the

keys, including dates and times. C. Knowlton stated that if the key were placed in the omni, each provider would have to be submitted to MidMichigan for security access and training would need to be done with providers. Chelsea stated that there is video surveillance on the omnicell. The providers would also need to remember to return the key to the omnicell.

- Cabinet keys – N.Harrison stated that it is known that there are multiple copies of the drug box cabinet keys that have been made by EMS providers. In order to make the cabinet more secure, Nick is in discussion with MidMichigan plant operations to replace the lock with one whose key cannot be duplicated. Nick will also be ordering a new cabinet.
- Initial Education Programs
 - Alpena City Fire Department is currently hosting a satellite paramedic course in conjunction with North Central Michigan College and is starting another course in January. Didactic content is online with NCMC and there is an on-site instructor. All hands on education is done on-site.
 - Hillman EMS will be holding an Advanced EMT course starting in January. There will be a maximum of 15 students accepted with course fees expected to be \$500-\$550.
- NEMMCA Website
 - N.Harrison explained that there is no way for us to take down the old Google NEMMCA website as it is owned by a previous NEMMCA employee and we do not have access. Google is expected to take all sites down that haven't converted to the new platform by the end of the year so we expect the old website will then go away. It is not been updated in some years and agencies and providers should not reference the protocols on this site. Nick has all of the current protocols on his one-drive and will share the link with anyone who needs it. Nick explained that he is working with MidMichigan IT to add a sub-page to the MidMichigan website for access to the protocols.
- Protocol Reviews
 - **Cardiac Arrest –General 5-1:**
 - N.Harrison reviewed the protocol with the committee. Nick stated that he is reviewing 100% of cardiac arrests in the MCA. Nick stated that there is a trend with agencies not utilizing end-tidal CO₂. Nick stated that end-tidal CO₂ is the gold standard for cardiac arrest and should be used by providers. An EtCO₂ of <10 indicates the need for improved CPR but also predicts the improbability of ROSC.
 - Nick addressed the removal of epinephrine ratios in dosing (i.e. 1:10000 and 1:1000) in the protocol. C. Knowlton stated that this is due to medication safety and confusion with all the zero's. The epinephrine in the drug boxes no longer contain the ratios on the product. The concentration is now in number of mg's / ml.

- Nick reminded the committee of the importance of high quality CPR. Intubation should be performed during CPR. Pauses should be utilized for analyzing EKG's and kept to a minimum.
- Amiodarone/Lidocaine – Nick explained that the State does allow the MCA choice for Amiodarone or Lidocaine for Vfib/Vtach. A discussion was held on the benefits of both. J.Fluerry stated that he preferred Lidocaine as it is easier to administer. Dr. Bucchi discussed the issue that Lidocaine can be given after Amiodarone but Amiodarone cannot be given after Lidocaine so he felt it is better to utilize the Amiodarone first and save the Lidocaine for refractory Vfib or Vtach unresponsive to the Amiodarone. After discussion, the committee decided to leave the Lidocaine in the drug box but not to check the Lidocaine box in the protocol. This allows Lidocaine to be available as a post radio med control option.
- **Spinal Precautions 7-20:**
 - N.Harrison stated that there has been an increase in the number of patient's coming in without proper cervical collars. Towel rolls may be necessary for some larger patients but this should be the exception not the rule. A. Olson stated the ED has also seen an increase in the number of patient's coming in with towel rolls or no cervical collar at all. Amber also described patients from MVC's are increasingly being ambulated in to the emergency department. T. Rouse stated that in trauma review she also has seen this increase. Tanya encourages providers to consider mechanism and distracting injuries when evaluating patients for the need for cervical collar placement.
 - N.Harrison noted an increase in the amount of patients being transported on a backboard. Nick reviewed that a backboard should be used for extrication but is not meant for transport or long term placement. Please review the Spinal Precautions protocol. There are risks associated with the use of backboards including skin breakdown and other problems.
- **Termination of Resuscitation 7-21:**
 - N.Harrison reviewed the protocol, drawing attention to the 30 minutes outlined in line item #2 in the protocol. Patients should be given the benefit of an adequate resuscitation. Regarding line #3 in the protocol in the bold section, the time of death given should be at contact with the medical control provider direction. There must be a notation in the EMS record of the provider who gave medical control direction for termination of resuscitation.
- **Helicopter Utilization 8-9:**
 - N.Harrison stated that there is now a helicopter staged in Tawas during the day time hours and this makes it more feasible to utilize this protocol in this MCA. Previously, the closest helicopter was in Traverse City and the patient could be in the ED being stabilized before a helicopter could get to the

scene. Approval for activating the helicopter must come from Medical Control. S. Rice asked for clarification on who would be responsible for calling the helicopter service. Nick stated that after the agency received permission to call the helicopter from Med Control they would contact their dispatch center to launch the helicopter.

- **Emergency Covid Protocols**

- The committee discussed the Emergency Covid Protocols and agreed to accept Protocol 14-13 regarding Covid infusions/Monoclonal antibody treatments. All others were rejected.

- **Open discussion**

- S. Rice requested clarification on which protocol Morphine is applicable. N. Harrison clarified that this is the Pain protocol 7-13. T. Rouse emphasized that the Trauma Medical Director requests Fentanyl be used for trauma patients before Morphine or Dilaudid.
- S. Rice asked how many Lidocaine syringes are in the drug box. C. Knowlton confirmed that there is only one. The committee discussed whether more needed to be added but decided that there does not because Lidocaine will be used as a secondary drug after Amiodarone and after radio communication with Medical Control.
- N. Harrison stated that VHF HERN is operational.
- N. Harrison stated that we are exploring replacing the Carepoint radio system in the ED. Nick explained that it is a single point of failure risk. The computer is old and is running on Microsoft 7. Cost to replace the system is estimated at \$40,000.

- **Action Items**

- Agencies to bring drug boxes/yellow pouches to the MidMichigan pharmacy for updates on November 5, 2021 between 7am-3pm.
- Agencies to have providers review all protocols discussed in today's meeting.
 - Emphasize end-tidal CO2 in Cardiac Arrest in protocol 5-1
 - Emphasize Lidocaine/Amiodarone in protocol 5-1
 - Emphasize Mag Sulfate for Torsades in protocol 5-1
 - Emphasize proper cervical collar and backboard usage in protocol 7-20
 - Emphasize using Fentanyl for trauma patients in protocol 7-13