

NEMMCA Board of Directors Meeting November 3 2021 – Agenda

Attendees: Chelsea Knowlton, Hilary Coffman, Deb Pokorzynski, Dr. Thornton, Tanya Rouse, Nick Harrison, Chuck Sherwin, Dr. Bucchi

Call to order- N. Harrison

Approval of agenda – Dr. Thornton motioned, D. Pokorzynski approved.

Review of Advisory Committee meeting minutes for September 21, and October 28. – N. Harrison reviewed the Advisory Committee meeting minutes from September and October 2021.

- C. Sherwin asked if there was opportunity to sponsor a paramedic student in AFD's upcoming course if they were willing to sign onto work for MidMichigan EMS. Nick said this is being discussed.
- The Board discussed the Helicopter protocol. C. Sherwin stated that MidMichigan is working on an arrangement to house a helicopter in Alpena. N. Harrison stated that there is a specific criterion that has to be met for EMS to call and request a helicopter from Medical Control. A discussion was held on the benefits of having a helicopter respond to the scene. Dr. Thornton stated that the times that the benefits outweighed ground transport are rare. The Board discussed the amount of time it takes a helicopter to respond versus ground transport, studies r/t helicopter use, and potential future insurance concerns. Nick stressed that it would be the ED Providers decision on a case by case basis. Dr. Bucchi stated that he is not an advocate for on-scene helicopter use.

7-13 -- Pain Management modification- Tanya motioned to approve. Dr. Thornton seconded. The Board unanimously approved. C. Sherwin expressed concern for adding additional narcotics with the current easy access to narcotics and potential diversion. C. Knowlton discussed the potential to place the drug cabinet key in the omnicell. This increases tracking as the paramedic must sign the key in and out and the omnicell access is video recorded. N. Harrison explained the current process for wasting narcotics. Chuck asked if there was a report that the MCA could run or a way to track the amount of narcotics given by provider. Nick stated that the only way would be to manually extract the data from each patient care record. The Board agreed that changes need to be made to increase security and lower the risk of diversion.

14-01 -- Mutual Aid for COVID – N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends this protocol. D. Pokorzynski motioned to approve. Dr. Thornton seconded. The Board unanimously approved.

14-02 -- Staffing during pandemic - N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends this protocol. H. Coffman asked for clarification on Limited ALS. C. Sherwin

asked if there was a definition of pandemic, EMS related that defines an end date. N. Harrison explained that this is a BETP decision. The BETP has already rescinded the protocol once and then reenacted it when the pandemic worsened again. Nick explained that the Board could always vote to rescind the protocol at a later time. T. Rouse motioned to approve. Dr. Thornton seconded. The Board unanimously approved.

14-03 – Dispatch screening guidelines- N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends this protocol. Dr. Thornton motioned to approve, H. Coffman seconded. The Board unanimously approved.

14-04 – Response during COVID outbreak - N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends rejection. The Board agreed not to adopt this protocol.

14-05 -- Infection prevention during COVID- N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends rejection. The Board agreed not to adopt this protocol.

14-06 – Clinical treatment for COVID or possible COVID- N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends acceptance. The Board unanimously approved.

14-07 -- Specimen collection- N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends acceptance. The Board unanimously approved.

14-08 – COVID cardiac arrest- N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends rejection. The Board agreed not to adopt this protocol.

14-09 COVID Stationary treatment of low acuity and asymptomatic patients during COVID-19 outbreak- N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends rejection. The Board discussed the protocol in more detail and determined that we do not have the equipment/technology in place to meet this protocols criterion and therefore agreed not to adopt this protocol.

14-10 – Destination and transport for COVID- rescinded by State

14-11 Immunization support- N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends acceptance with checking the box for paramedic and EMT-Specialist. The Board unanimously approved.

14-12 – COVID testing/rapid antigen- N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends acceptance. The Board unanimously approved.

14-13 – Monoclonal antibody administration- N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends acceptance with checking the Paramedic, EMT-Specialist, and EMT-basic box. The Board unanimously approved.

14-14 – Interfacility high flow O2 by nasal cannula- N. Harrison reviewed the protocol. Nick stated that the Advisory committee recommends acceptance. Nick stated that we are already doing this. C. Sherwin

asked about training. Nick stated that ventilator training is done by MidMichigan for MidMichigan EMS. Dr. Thornton stated that if they are trained in ventilators they are capable of using the high flow nasal cannula. Dr. Bucchi added that using high flow nc for long distances may help as the EMS units often run out of O2, even with the large tank on the rig, when the patient is on vent or bipap. Nick stated that MidMichigan's new ambulance will have stacked tanks. The Board unanimously approved this protocol.

Open discussion- C. Knowlton asked about changing the narcotics bag to small box as the bag is easily manipulated. N. Harrison stated that Gaylord does this. Chelsea will look at health care logistics for options.

Adjournment