OAKLAND COUNTY
MEDICAL CONTROL AUTHORITY

1200 N. Telegraph Road. Bldg. 36E, Pontiac, Michigan 48341
Telephone: 248 975-9704 Fax: 248 975-9723 Website: www.ocmca.org

OCMCA Protocol Changes - Implementation date: December 1, 2021

Purpose: This document has been designed to assist OCMCA LSAs and hospitals with implementation of modified protocols. All protocols listed on this document will be implemented December 1, 2021. **Red text** indicates additional or changed language in the protocol.

Protocol	Description of changes	Link to old protocol with highlighted changes	Link to new protocol for 12/1/21 implementation
2.2: GENERAL TRAUMA	General Trauma 7. Ask if the patient is taking blood thinners and document the results in the PCR. 10. Obtain vascular access (in a manner that will not delay transport) if appropriate per the Vascular Access and IV Fluid Therapy Protocol Head Injury: 1. Control hemorrhage per Soft Tissue and Orthopedic Injuries Protocol.	Marked up version	New version
2.5: SOFT TISSUE AND ORTHOPEDIC INJURIES	2 B-F multiple additions and changes	Marked up version	New version
2.9: POISONING/ OVERDOSE/ ENVIRONMENTAL EXPOSURE	Snake 3.a. Transport to the closest facility.	Marked up version	New version
2.11: HYPOTHERMIA/ FROSTBITE	Hypothermia 1. If cardiac arrest develops follow Cardiac Arrest General Protocol.	Marked up version	New version
2.12: HYPOTHERMIA CARDIAC ARREST (deleted)	Entire protocol deleted; applicable language added to protocol 5.1	Marked up version	NA
3.6: EXCITED DELIRIUM (deleted)	Entire protocol deleted; applicable language added to protocol 7.16	Marked up version	NA
5.1: CARDIAC ARREST - GENERAL	Added language from protocol 2.12 2. A. If hypothermia is suspected i. Assess body temperature. If temperature is less than 30° C (86° F) 1. Start CPR 2. Protect against heat loss. 3. Apply heat packs, if available, to axillae, groin, and neck. 4. Administer warmed humidified oxygen, if possible. 6. If Return of Spontaneous Circulation (ROSC) has not been achieved after three, two-minute cycles of CPR and ALS is not available, contact medical control, initiate transport. 7 A. If Hypothermic administer warmed NS IV/IO, if possible. B. Contact Medical Control for guidance regarding continued resuscitation at the scene vs. early transport. Notes: O. Pregnant patients are prone to hypoxia. Airway management should be prioritized for these patients	Marked up version	New version
5.2: BRADYCARDIA	Atropine doses changed from 0.5mg to 1mg	Marked up version	New version

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5.3: TACHYCARDIA	Added to Unstable cardioversions or defibrillation refer to your specific device's recommended energy level to maximize the first shock success.	Marked up version	New version
6.1: PEDIATRIC CARDIAC ARREST - GENERAL	13. c. Use of cuffed ET tubes is recommended 13. d. After interventional airway is established, ventilation rate is 20-30 breaths per minute	Marked up version	New version
7.6: Patient Death, Termination of Resuscitation and Pronouncement	Combined Termination of Resuscitation, Pronouncement of Death and Dead on Scene Protocols Recommend review of the entire protocol. Simplified the language. NOTED CHANGE: III Pronouncement B. 1. PARAMEDIC: Confirm absence of pulse and respiration and confirm asystole in 3 leads and ETCO2 less than 10 while compressions are paused during pulse check.	Marked up version	New version
7.16: PATIENT RESTRAINT	Added language from protocol 3.6 Physical Restraint 9. If unable to restrain patient physically, move to Chemical Restraint Procedure, if appropriate. Chemical restraint procedure added 4a-4g Ketamine no lnoger first line for Excited Delerium Ketamine may be used post radio by following 4g	Marked up version	New version
8.1: AGENCY AND EMS PERSONNEL CRITERIA FOR PARTICIPATION	Paramedic Qualifications 2. Personnel be trained and licensed in accordance with appropriate statutes, rules criteria and maintain current BCLS and ACLS, as approved by MDHHS. AEMT Qualification 2. Be trained and licensed in accordance with appropriate statutes, rules criteria and maintain current BCLS, as approved by MDHHS. EMT Qualifications 2. Be trained and licensed in accordance with appropriate statutes, rules criteria and maintain current BCLS, as approved by MDHHS. MFR Qualifications 2. Be trained and licensed in accordance with appropriate statutes, rules criteria and maintain current BCLS, as approved by MDHHS.	Marked up version	New version
8.3: AIRCRAFT TRANSPORTATION	General Guidelines 5. All pre-hospital requests for air medical transport will be reviewed by the PSRO Committee. All LSA's involved will provide their PCR to the OCMCA within 72 hours.	Marked up version	New version
8.8: COMMUNICATIONS WITH EMERGENCY FACILITIES & COMMUNICATION FAILURE	Communication choice: eBridge Other Medical Direction If transport is anticipated or EMS personnel are seeking assistance in obtaining patient consent for transport, the intended destination facility will be contacted for medical direction.	Marked up version	New version

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8.10: DISPATCH PROTOCOL	2. o. Consider more resources on scene. 3. An ALS transporting agency may dispatch a BLS unit instead of an ALS transporting unit, if all the following criteria are met: * There is a contractual transporting agreement with another ALS transporting agency. (Does not include mutual aid agreements) * The transporting ALS unit will meet the EMS response time criteria. (Refer to Protocol 8-13, EMS Response Time Standards)	Marked up version	New version
8.15: EVIDENTIARY BLOOD DRAW PROTOCOL	Paramedic 1. Obtain a full set of vital signs. 8. If the patient has no medical or trauma complaints and the vital signs are within normal limits consider this a treat and release from care. 9. If the patient has a medical or trauma complaint and/or vital signs are outside normal limits, transport the patient to the hospital. a. If officer refuses transport, obtain a patient refusal signed by the officer., contact medical control.	Marked up version	New version
8.27: PSRO Structure and Operational Policy	New PSRO Membership structure	Marked up version	New version
8.51: Transfer of Patient Care to Receiving Facility	New Protocol	Marked up version	New version
9.22: EPINEPHRINE	Removal of number 11	Marked up version	New version
9.39: ONDANSETRON	Contraindications 2. Prolonged QT	Marked up version	New version
9.41: SODIUM BICARBINATE	TCA Overdose b. Adults 50 mEq IV, repeat as needed. c. Pediatrics 1mEq/kg IV, repeat as needed.	Marked up version	New version
9.43TRANEXAMIC ACID (TXA)	Indications Evidence of marked blood loss and Systolic BP < 90 Contraindications (Without Medical Control Order): Dosing 1. b. Administered over 10 minutes via IV/IO	Marked up version	New version