

AMBULANCE OPERATIONS

AGENDA

Monday February 27, 2023

10:00 AM

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+1 248-509-0316 Phone Conference ID: 531 147 634#

Committee members:

Monty Nye-chair, Jason Bestard, Bill Forbush, Jason MacDonald, Angela Madden, Ralph Ortiz, Brian Scribner, Aaron Sogge, Eric Snidersich, Chris Stoecklein, Brandon Whipple, Jeff White, Daryll Yarger.

- 1. Call to Order**
- 2. Roll Call**
- 3. Approval of Agenda and Minutes**
- 4. Old Business**
 - a. None.
- 5. New Business**
 - a. Adding different provider roles to the agency roster.
 - b. Mutual Aid Protocol.
 - c. Equipment checklist review, with proposed changes.
- 6. Additional Items from Attendees**
- 7. Adjourn**
- 8. Next Meeting: TBD**

Required Equipment Change Summary

AIRWAY

- CPAP mandatory for BLS, LALS, ALS.
Should specify to include small (pediatric) sizes.
- End Tidal CO2 Detection.
Must fit adult and pediatric sizes.
Capnography required for ALS and LALS.
Nasal Canula capnography required for ALS and LALS.
Capnometry required for BLS. Per agency and per MCA approved could add capnography.
- Pulse O2 and capnometry If MFR has i-GEL.

TRAUMA BANDAGING

Include MFR in hemostatic agent, per MCA protocol.

IV REQUIREMENTS

- “14 Gauge Needle at Least Three Inches or Commercial Device for Pleural Decompression” Change to “14 Gauge Needle at Least Three and a half Inches or Commercial Device for Pleural Decompression”.
- Change “IV Fluids: 3 Liters of Crystalloid Solution” to “IV Fluids: NS (1) and Crystalloid Solution (2)”.
- Change the “Injection Supplies - Sizes Suitable for Pediatrics and Adults” item on MFR and BLS to match wording for other levels. “IM Needles - Sizes Suitable for Pediatric and Adult Patients”

MEDICATIONS

- Change MFR and BLS “Medications (Secured)” to match other levels. “Drug Package in Climate Controlled Area”, “Drug Package Secured”, “Drug Package Sealed”.
- If MFR’s are using glucometers, then oral glucose will be required.

CARDIAC MONITOR/DEFIBRILLATOR

Add “Defibrillation pads (2 sets)” to MFR.

MISC PATIENT

Change “Child Restraint System-Size Appropriate (1)” to “Ambulance Child Restraint system (1)”.

- Add “Mechanical CPR device”. Will be MFR optional. Include manufacturer and serial number.