FALL RISK REDUCTION ASSESSMENT

Initial Date: August 28, 2020
Revised Date: Section 11-26

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for the minimum elements of a fall risk reduction assessment and when it should be performed with the intent of reducing preventable falls.

Aliases: Home safety assessment, Fall risk check

I. Indications
   a. CIP encounter
II. Contraindication
   a. None
III. Equipment
   a. MCA approved fall risk reduction assessment checklist which will include
      i. Evaluation of environment
      ii. Evaluation of patient's ability in current state to maneuver in environment
   b. An MCA may elect to use an MCA approved abbreviated version of the fall risk reduction checklist for the following situations:
      i. Subsequent visits of an enrolled patient with no notable change in environment or patient status.
      ii. Non-scheduled visits that do not allow time for a fall risk reduction assessment due to the disposition of the patient
IV. Procedure
   a. Perform fall risk reduction assessment following MCA approved checklist.
   b. Findings that present threats to the patient's immediate health and well-being must be reported to the referring prior to the conclusion of the visit.
V. Documentation **see CIP Documentation protocol**
   a. Additionally
      i. Completion of checklist
      ii. Findings
      iii. Corrections or plan for corrections
      iv. Inability to complete corrections and reason

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Initial Date: August 28, 2020
Revised Date: Section 11-27

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for the minimum elements of a Social Determinants of Health (SDOH) assessment and when it should be performed with the intent of reducing barriers to optimal health.

Aliases: Health care barriers

I. Indications
   a. Intake/enrollment assessments
   b. Referring physician request
   c. As deemed necessary by CIP provider
II. Contraindications
   a. None
III. Equipment
   a. MCA approved SDOH Assessment Form which will include:
      i. Housing, transportation access, safety within their environment, food security, social exclusion, social support, healthcare access and addiction.
IV. Procedure
   a. Perform SDOH assessment following MCA approved checklist.
   b. Assess both the patient and their environment
   c. Findings that present threats to the patient's immediate health and well-being must be reported to the referring physician prior to conclusion of the visit.
V. Documentation **see CIP Documentation protocol**
   a. Additionally
      i. Completion of check list
      ii. Findings
      iii. Corrections, referrals or plans for either
      iv. Inability to complete corrections or referrals and reason

Initial Date: August 28, 2020
Revised Date: Section 11-28

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for the minimum elements of a medication audit and when it should be performed.

I. Indications
   a. CIP Encounter
II. Contraindications
   a. None
III. Equipment
   a. MCA approved medication audit checklist which will include:
      i. Medication expiration dates
      ii. Dispensing method of medications that works for the patient
      iii. Barriers to obtaining medications
      iv. Questions or concerns patient has regarding medications which will be forwarded to PCP or referring physician.
IV. Procedures
   a. Perform medication audit according to referring physician directions or MCA approved medication audit checklist when physician orders are not present.
   b. Findings that present threats to the patient's immediate health and well-being must be reported to the referring physician prior to the conclusion of the visit.
V. Documentation **see CIP Documentation protocol**
   a. Additionally
      i. Completion of medication audit
      ii. Findings
      iii. Name of provider notified of the discrepancy along with date and time of notification
      iv. Course of action determined appropriate by online medical control if applicable

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: Provide guidelines for CIP paramedics to obtain and transport specimen at the request of a health care provider as approved by the MCA

Aliases: labs, strep test, swab test

I. Indications
   a. Order from a clinician requesting specimen collection to be obtained and transported to the appropriate testing facility when a patient has a barrier to submitting specimens in a timely manner.
   b. Specimen collection for the purpose of point of care testing.

II. Procedure
   a. For all procedures accompanied by a physician's order.
      i. Review order for special instructions prior to collecting the specimen
      ii. Label with the patient's name, date of birth, and additional information required for the specific specimen (source, date, time) or required by the MCA or specimen testing facility.
      iii. Complete appropriate lab paperwork.
      iv. Transport sample in a biohazard bag or follow clinician's order for shipping.

   b. ☒ Lab Draw (optional)
      i. Considerations: Patients who are on blood thinners may require prolonged direct pressure after blood draw. Equipment
         1. Appropriate needle
         2. Rainbow tubes
      ii. Procedure
         1. Select an appropriate site and using universal precautions cannulate the vein.
         2. Blood tubes should be collected in the order of red, green, purple, pink and blue.

   c. ☒ Urine Specimen (optional)
      i. Equipment
         1. Urine specimen cup
         2. wipes
      ii. Procedure
         1. Obtain sample through method ordered (clean catch, foley bag, etc.)

d. ☒ Nasal Swab
   i. Equipment – appropriate swabs for specific test
   ii. Procedure
      1. Place patient in seated position
      2. Tilt patient's head back slightly to visualize nasal passages
      3. Gently insert swab along nasal septum, just above the floor of the nasal passage, to the nasopharynx
         a. Stop when resistance is met & do not force the swab further
         b. If resistance is detected, pull back slightly and try reinserting at a different angle, closer to the floor of the nasal canal
         c. The swab should reach a depth equal to the distance from the nostrils to the outer opening of the ear
      4. Rotate swab several times, remaining in the passage for 10 seconds
      5. Gently removed swab while rotating
      6. Place swab into collection tube according to directions and prior to breaking the stick
      7. Secure lid on the tube

e. ☒ Throat Swab
   i. Equipment – appropriate swabs for specific test
   ii. Procedure
      1. Place patient in seated position
      2. Tilt patient's head back, instruct them to open their mouth and stick out their tongue
      3. Use a wooden tongue depressor to hold the tongue in place
      4. Visualize the posterior nasopharynx and tonsillar arches
      5. Without touching the side of the mouth, insert the swab reaching the posterior nasopharynx and tonsillar arches wiping the swab on the area
      6. Place swab into collection tube according to directions and prior to breaking the stick
      7. Secure the lid on the tube

III. Documentation **see CIP Documentation protocol**
   a. Additionally: testing procedure used and results if applicable

POINT OF CARE TESTING FOR BLOOD ANALYSIS

Initial Date: October 23, 2020
Revised Date:

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: Provide guidelines for CIP paramedics to perform advanced point of care testing at patient's side with a CLIA waived device that performs blood analysis. This protocol was designed around the use of the Abbot i-STAT system and Piccolo Xpress system. Always follow manufacturer instructions.

Aliases: Handheld blood analyzer, portable clinical analyzer, i-STAT, Piccolo

I. Indications
   a. Physician's order
   b. CIP Patients who require point of care testing to guide treatment.
II. Contraindications
   a. Not CLIA waived
III. Equipment
   a. CLIA waived point of care testing device with appropriate CLIA waived cartridges for testing.
   b. Appropriate equipment for specific device.
IV. Procedure
   a. Obtain appropriate blood sample.
   b. Follow device's instructions for use.
V. Documentation **see CIP Documentation protocol**
   a. Additionally: cartridges utilized and test results

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for CIP paramedics to safely remove sutures and/or staples as approved by the MCA.

Aliases: Stitches, staples

I. Indications
   a. Request from a clinician to remove a known type of suture
II. Contraindications
   a. Signs of wound complications or infection
III. Equipment
   a. Forceps
   b. Suture scissors
   c. Staple remover
   d. Sterile gauze
   e. Sterile 0.9% sodium chloride solution
   f. Sterile wound strips
IV. Procedure
   a. Plain suture removal (optional)
      i. Gently grasp the knot or the tail with forceps and raise it slightly
      ii. Place the curved tip of the suture scissors directly under the knot or on the side, close to the skin
      iii. Gently cut the suture and pull it out with the forceps
      iv. Make sure all suture material is removed and placed on clean gauze
      v. Remove alternate sutures
      vi. Assess the wound for dehiscence (edges of the wound do not meet)
         1. Absence of dehiscence
            a. Remove remaining sutures
            b. Apply sterile wound strips to prevent dehiscence
         2. Presence of dehiscence
            a. Do not continue to remove sutures
            b. Cover wound with sterile gauze saturated with sterile 0.9% sodium chloride solution
            c. Contact physician **see CIP Medical Direction protocol**
   b. Staple removal (optional)
      i. Place the lower jaw of the remover under a staple
      ii. Squeeze the handles completely to close the device bending the staple in the middle and pulling the edges of the staple out of the skin
      iii. Gently move the staple away from the incision site when both ends are visible
      iv. Hold the staple remover over a sharps container, relax pressure on the handles, let the staple drop into the sharps container

v. Remove alternate staples
vi. Assess the wound for dehiscence (edges of the wound do not meet)
    1. Absence of dehiscence
        a. Remove remaining staples
        b. Apply sterile wound strips to prevent dehiscence
    2. Presence of dehiscence
        a. Do not continue to remove staples
        b. Cover wound with sterile gauze saturated with sterile 0.9% sodium chloride solution
        c. Contact physician **see CIP Medical Direction protocol**

V. Documentation **see CIP Documentation protocol**
    a. Additionally:
        i. Date and time of removal
        ii. Number of sutures or staples removed
        iii. Dressings or adhesive wound strips applies
        iv. Appearance of the incision

PERIPHERALLY INSERTED CENTRAL CATHETER (PICC) ACCESS

Initial Date: October 23, 2020
Revised Date: Section 11-37

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: Provide guidelines for the use of PICC lines.

Aliases: PICC

I. Peripherally Inserted Central Catheters (PICC
   a. Description: PICC lines are long catheters inserted through a vein in the arm, leg or neck with the terminal end positioned in the superior vena cava, inferior vena cava, or the proximal right atrium. PICC lines are used for long duration access generally up to 6 months.
   b. CIP Uses: Accessing for medications, antibiotics, parenteral nutrition, and blood draws.
   c. Indications
      i. Accessing for blood draws or administration of fluids and/or medications
      ii. Maintenance including flushing, dressing change and evaluation of insertion site
   d. Contraindications
      i. Has not been used and confirmed
      ii. Suspicion it is not patent
      iii. Signs of infection at site
   e. Equipment
      i. Saline Flush (x2)
      ii. 10 cc syringe (x2)
   f. Procedure
      i. Appropriate PPE and use sterile technique
      ii. Evaluate the site for redness, pain, exudate, and the arm for swelling, pain and stiffness
      iii. Flush the PICC line with 10ml of NS
      iv. Administer medications and/or fluids a prescribed or draw blood for labs
      v. Flush the PICC line with 10ml NS

II. Documentation **see CIP Documentation protocol**

Michigan
COMMUNITY INTEGRATED PARAMEDICINE
Procedure Protocol
VACCINATIONS

Initial Date: October 23, 2020
Revised Date: Section 11-38

This protocol is for trained CIP Paramedics only. If during assessment, procedure, or treatment the patient is found to have a medical emergency in need of hospital treatment, the CIP visit will be suspended, and local MCA protocols utilized.

Purpose: To provide guidelines for the administration of vaccinations as approved by the MCA.

Aliases: Immunizations

I. Indications
   a. Order from a clinician requesting the administration of a vaccination
   b. Participation in mass immunization settings
II. Vaccinations eligible for administration by CIP paramedics as approved by the MCA include:
   a. ☒ Chickenpox (Varicella)
   b. ☒ Diphtheria
   c. ☒ Flu (Influenza)
   d. ☒ Hepatitis A
   e. ☒ Hepatitis B
   f. ☒ Hib (Haemophilus influenzae type b)
   g. ☒ HPV (Human Papillomavirus)
   h. ☒ Measles
   i. ☒ Meningococcal
   j. ☒ Mumps
   k. ☒ Pneumococcal
   l. ☒ Polio (Poliomyelitis)
   m. ☒ Rotavirus
   n. ☒ Rubella (German Measles)
   o. ☒ Shingles (Herpes Zoster)
   p. ☒ Tetanus (Lockjaw)
   q. ☒ Whooping Cough (Pertussis)
   r. ☒ COVID 19 when available
III. Contraindications
   a. Allergies noted in pre immunization screening
IV. Equipment
   a. Vaccine
   b. Appropriate delivery device
V. Procedure
   a. Timing and dosing of immunizations will be determined by the PCP and/or public health department
   b. Pre immunizations screening must be done prior to administration of the vaccination

c. Vaccinations may be administered via IM, SQ or intranasal route as appropriate for the specific vaccination
d. Verify Michigan Care Improvement Registry (MCIR) documentation

VI. Documentation **see CIP Documentation protocol**