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| Location Section/Page # | Change | Purpose of Change  (Provider Input, Stakeholder Input, Evolution of Evidence, Best Practice, etc.) | Evidence for Change | Expected Impact  (Operational, Educational, Financial, QI, Medical Direction, Communication, etc.) | Size of Change (Small/Medium/ Large) | Desired Outcome |
| Brown 3 | Defibrillation: delete | Redundant | Utilization of Manual Defibrillators | Operational | Small | Remove old language |
| Brown 4 | External Pacing: delete | Redundant | Utilization of Manual Defibrillators | Operational | Small | Remove old language |
| Brown 5 | Combine with Brown 2: Paramedics and AEMTs are expected to perform all duties in their listed scope of practice as well as those of the prior scopes of practice in the appropriate logical order. Treatments/medications should be given in the order specified. However, the MDPB recognizes that often treatments are delivered simultaneously, and more than one protocol may be used. OLMC or Advanced Providers may request treatments/medications out of sequence for medical reasons. | Logical/concise combination of protocols. | No change in content | Operational | Small | Protocol cohesiveness |
| Brown 5 | During transport, patients should be secured…for pediatric transport, refer to Pediatric Transport Protocol, Pink 9,10. | To highlight Pediatric Transport Protocol | To maintain compliance with EMS-C | Operational | Small | To highlight safe transportation of children |
| New (added to Grey Section) | Crime Scene: DO NOT enter an active shooter scene or a scene in which an unsecured weapon is involved, until the scene is secured by law enforcement, unless trained and authorized to do so (such as in the context of a tactical response team or rescue task force). If encountering a possible crime scene and not previously dispatched, contact law enforcement.  Once a crime scene is deemed safe by law enforcement, initiate patient contact and medical care if necessary.  · Do not sacrifice patient care to preserve evidence.  · Have all EMS providers use the same path of entry and exit, if feasible.  · Do not touch or move anything at a crime scene unless it is necessary to do so for patient care (notify law enforcement prior to moving so if possible).  · Do not walk through fluids.  · Observe and document original location of items moved by crew whenever possible.  · Do not sacrifice patient care to preserve clothing, but when possible and removing patient clothing is required, leave it as intact as possible. Avoid cutting through holes made by weapons, if possible.  · If you remove any items from the scene, such as impaled objects or medication bottles,  document your actions and advise a law enforcement official (prior to removal, if feasible)  · Consider requesting a law enforcement officer to accompany the patient in the ambulance  to the hospital.  · Document statements made by the patient or bystanders on the EMS patient care report. Report significant information to a law enforcement official prior to leaving the scene, if feasible.  Comments made by a patient or bystanders should be denoted in quotation marks.  · Inform staff at the receiving hospital that this is a “crime scene” patient.  · If the patient is obviously dead consistent with Do Not Resuscitate Guidelines (Grey 1), notify law enforcement of decision not to initiate resuscitation/patient care.  · At motor vehicle incidents, preserve the scene by not driving over debris, not moving debris and parking away from tire marks, if feasible  -Prior to leaving a crime scene, if feasible, check the bottom of your shoes for contamination (fluids, objects, etc.). Notify law enforcement for removal of any evidence and possible photographing of your shoes. | Best practice | Increase in Violent crime in Maine | Educational/  Operational | Medium | Safety of providers |