



# Hot Topics



The Genesee County Medical Control Authority's

Newsletter for EMS Providers - Also now available online at [GCMCA.org](http://GCMCA.org)

One Hurley Plaza, Flint 48503

Office Phone 810-262-2555

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## Documenting Radio IDs Upon Logging On

There has been an expectation for a number of years that when crews go into service they update the 911 CAD to include the last four digits of the portable 800 MHz radio carried.

This is both as a courtesy to 911 when there is an accidental trigger of the emergency button (the red one that is only pushed when the crew needs immediate assistance) and for the safety of the crew should a true threat exists.

If 911 does not know what unit is carrying the activated radio they cannot send assistance or alert the crew that the button was inadvertently pushed.



## Head Injuries & Anticoagulants



Patients with head injuries have an increased risk of complications and potential serious additional negative consequences from their injuries when they are on anticoagulants. It is crucial that EMS personnel ask these patients if they are on anticoagulants.

Whether they are or not this information should be communicated to the hospital during the initial radio report. In some cases the hospital may have the patient go directly to the CT scanner upon arrival to the hospital, much like they are doing now with suspected stroke patients.

## Let's Hear the Vitals!

It is tempting to simply say "vitals are within normal limits." And in some ways you may think this is all the hospital really needs to know. But avoid falling into this trap.

Online medical control wants to hear your patient's full set of vitals. This provides them with a baseline for the patient upon arrival and continued treatment throughout the patient's stay.

It also keeps them from asking you again what they are. So, let's hear those vitals!

## 12-Lead Training (no Testing)

Some of you may not have heard that we changed our 12-lead training and testing requirements in December. Much of what we previously had done was on hold since the pandemic started but based upon the strong Cath Lab activation rate the decision was made to discontinue the initial training provided to new paramedics and no longer require a new or renewal test.

Medics will still need to complete the annual RACER training in February each year, and agencies will provide initial and continuing education, but no further training or testing will be done through our office as long as the false activation rates continue to be low.