

Chad Lawton

From: Armatti, Amanda (DHHS-Contractor) <Armattia@michigan.gov>
Sent: Tuesday, May 22, 2018 2:15 PM
To: Chad Lawton
Cc: MDHHS-CE
Subject: Lawton 202c Approval West MI Reg Med Consortium
Attachments: Lawton 202c West MI Reg Med Consortium.pdf

Chad,

Attached is the official approval of your 202c application. Please keep a copy of the approval for your records.

Have a good day.

Amanda Armatti
EMS Regional Coordinator - Region Three
State of Michigan
Bureau of EMS Trauma & Preparedness
(517)582-5816
armattia@michigan.gov

Michigan Dept. of Health & Human Services Division of EMS, Trauma and Preparedness EMS Section PO Box 30207 Lansing, Michigan 48909-0207 Email: MDHHS-CE@michigan.gov *Email is the preferred method of application*	MDHHS USE ONLY	
	Received by Regional Coordinator: Date	5/15/2018
	Returned for Correction(s):	
	Corrections Received:	
	Date of Final Review:	5/22/2018
	Regional Coordinator Signature:	Amanda L. Armatti <small>Digitally signed by Amanda L. Armatti Date: 2018.05.22 14:12:53 -0400</small>
	CE Topic(s) Approval	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Region: 3

**NOTIFICATION OF INTENT TO CONDUCT A CONTINUING EDUCATION TOPIC
EMS CE PROGRAM SPONSOR**

For use by an **EMS CE Program Sponsor** that is applying for CE **not** as part of an initial education program

This form with a legal signature must be received by the Department at least 30 days prior to the start of the first class.

Failure to complete and submit this form as prescribed may result in an automatic disapproval. Your application and additional documentation will be reviewed and either returned for deficiencies or approved and a copy returned for your records. A copy will also be maintained on file with MDHHS.

EMS CE Program Sponsor must provide proof of attendance to each individual and maintain in records, a roster of those individuals who attended each CE session. The CE proof of attendance must have approved category name on the front.

For further information, refer to the Standardized EMS CE Credit Guide "Approval Guidelines for Continuing Education Programs"

EMS CE Program Sponsor	West Michigan Regional Medical Consortium		Approval #	CE-16-6234
Sponsor Representative	Chad Lawton	Phone #	231-728-1967	E-mail: clawton@wmrmc.org
Street Address	1675 Leahy St, Suite 308B			
City	Muskegon	State	MI	Zip 49442 County Muskegon

EMS CE Instructor Coordinator:

Name	Mark Cleveland	Phone #	517-366-9963	E-mail:	cleveland.marka@gmail.com
Street Address	5380 E Apple Ave		IC Licensure Level	Paramedic	I/C# 513650
City	Muskegon	State	MI	Zip 49442	County Muskegon

I affirm that all the information submitted in this notification is true and that all presentations will comply with MDHHS requirements and will occur as outlined in this document. I understand that any misrepresentation of the information provided as part of this notification may result in non-approval or revocation of existing approval, or further action by MDHHS.

Legal Signature of EMS CE Instructor Coordinator Chad Lawton O=WMRMC; E=clawton@wmrmc.org
Reason: I am the author of this document Date 5/8/2018

Legal Signature of EMS CE Sponsor Representative Mark Cleveland E=cleveland.marka@gmail.com
Reason: I am the author of this document Date 5/8/2018



Lesson Plan: Protocol Update – 2018

Topic:	General Protocol Update
Presenter:	West Michigan Regional Medical Consortium CE Sponsor Program
Location:	West Michigan Regional Medical Consortium CE Sponsor Locations
Credit Category:	Preparatory
License Level:	MFR, EMT, SPEC, MEDIC
Credits:	2
Format:	2-hour-lecture
CE Description:	The purpose of this Continuing/Initial Education session is to educate participants on updates to State and local protocols.
Objectives:	At the conclusion of this CE session, the participants will be able to:

Cognitive

1. Describe the protocol development, approval and implementation process.
2. Understand that protocols carry the force and effect of law and are not guidelines or optional.
3. Recognize the difference in current protocol template/layout in comparison to the updated protocols.
4. Describe updates relating to medications, including new medications, dosing and indications, as well as medications that are no longer carried/administered.
5. Discuss updates relating to operations, including the use of red lights and siren, patient destination, medical control contact and override, and 5 level triage, and response to active assailant.

Psychomotor

None

Affective

None

Outline for Session

1. Introductions
2. Protocols
 - a. Med/Legal Implications
 - b. Development, Approval, Implementation Process
 - c. New Formatting
3. Medication Updates
 - a. Epi Push Dose
 - b. Pain Management
 - c. Seizures
 - d. Ketamine



- e. Naloxone
- f. TXA

4. Medication Information Sheets

5. Drug Bag Changes

6. Pediatric Respiratory Distress

a. Racemic Epi

7. Destination

a. Trauma

b. STEMI

c. Post-Arrest

d. Stroke

e. Sepsis

8. Medical Control Contact

a. Post-Medical Control

b. Medical Control Override

9. Safety

a. Red Lights and Siren

10. Five-Level Triage

a. Patient Prioritization

b. Hospital Notification

11. Active Assailant Response

a. RTF

b. Bleeding Control

c. Force Protection

12. Determination of Death

13. Summary & Questions

Student Evaluation Method: Simple evaluation will be done through classroom discussion and participation.

Evaluation of Presentation: Continuing Education Program Sponsor Evaluation Form will be filled out by all participants.