



MAC March 2025 Public Comments

Policy	Agency	Public Comment	Action
2033 – Determination of Death	Adam Blitz – Metro Fire	<p>The flow of this policy seems jumbled & incongruent compared to past versions long ago:</p> <p>1) The section called "Definitions" should be called something like, "Initial Steps." Visual inspection for breathing and lividity plus feeling for rigor at the jaw and arm should be routine first steps, not definitions, each and every time, not to be skipped.</p> <p>2) The Criteria section reads: "Where more than one criterion is listed, all (elements) must be present..." but below it, there are no obvious sections of multiple criteria...What is this referring to?</p> <p>The protocol used to begin with the EMT Obvious Death criteria, then onto the ALS Paramedic determination, looking for rigor, lividity and asystole in 2 leads.</p> <p>A flow chart might be good.</p>	<p>Proposed changes:</p> <p>Criteria:</p> <p>Conditions with minimal confirming examination and assessment necessary to determine death without a physician's order.</p> <p>A. Where more than one criterion is listed, all (elements) must be present to confirm death in the identified setting. These apply only to the initial assessment and will determine whether or not cardiopulmonary resuscitation efforts will be initiated. In all cases when determination is considered, it is assumed that there is no breathing, no pulse and no response to stimuli. If there is any doubt, initiate cardiopulmonary resuscitation. Assessment for confirming conditions shall take thirty (30) seconds or less.</p>
2033 – Determination of Death	SFD	In the case of a patient dying in a skilled nursing facility, would the hospital staff be able to call the coroner or does that always become the responsibility of the EMS paramedic?	<ul style="list-style-type: none"> • Need more clarification on this question. We will discuss further at the MAC.
7500 – MCI Plan	Brian Morr - SFD	Is there a plan to further develop the Hazardous Materials Incidents, Intentional MCI, and Crime Scene Preservation sections?	<ul style="list-style-type: none"> • Yes, we will discuss further at the MAC.
9004 – Pediatric Burns	Kevin Mackey - SFD	The current verbiage is: 5. Stop the burning process by applying cool running water over the burn. The goal is cumulative (bystander and first	<p>Proposed Changes:</p>

responder) application of cool running water for 20minutes.

6.Caustic and Chemical Burns: Wear protective clothing and gloves and consider thepresence of hazardous materials. Remove the patient's clothing. Apply cool runningwater over the burn for 20 minutes. Do not scrub.

7.Electrical Burns: Check for, and dress all entrance and exit wounds.

8.Avoid hypothermia by isolating and cooling only the burned area. Keep unaffected bodyparts warm by covering them as much as possible, and use the heater in the passengercompartment.

9.After cooling the burn, apply a covering to the burn (dry non-stick gauze, loose plasticwrap, etc.).

Suggested changes:

5. Stop the burning process by applying cool running water over the burn. The goal is cumulative (bystander and first responder) application of cool running water for 20minutes. Whenever possible, this should be completed prior to transport.

6. After cooling the burn, apply a covering to the burn (dry non-stick gauze, loose plastic wrap, etc.).

7.Avoid hypothermia by isolating and cooling only the burned area. Keep unaffected body parts warm by covering them as much as possible, and use the heater in the passenger compartment.

8.Caustic and Chemical Burns: Wear protective clothing and gloves and consider the presence of hazardous materials. Remove the patient's clothing. Apply cool running water over the burn for 20 minutes. Do not scrub.

9.Electrical Burns: Check for, and dress all entrance and exit wounds.

5. Stop the burning process by applying cool running water over the burn. The goal is cumulative (bystander and first responder) application of cool running water for 20 minutes. Whenever possible, this should be completed prior to transport.
 - a. It is critical that providers remain on scene to complete a full 20 minutes of continuous cooling with running water before initiating transport unless the scene becomes unsafe or the patient's condition necessitates immediate transport.
 - b. Early cessation of cooling may lead to worsened burn severity and increased tissue damage. If transport is initiated before 20 minutes of cooling is completed, cooling should continue en route whenever feasible.
6. After cooling the burn, apply a covering to the burn (dry non-stick gauze, loose plastic wrap, etc.).
7. Avoid hypothermia by isolating and cooling only the burned area. Keep unaffected body parts warm by covering them as much as

possible, and use the heater in the passenger compartment.

8. Caustic and Chemical Burns: Wear protective clothing and gloves and consider the presence of hazardous materials. Remove the patient's clothing. Apply cool running water over the burn for 20 minutes. Do not scrub.

9. Electrical Burns: Check for, and dress all entrance and exit wounds.

~~10. Avoid hypothermia by isolating and cooling only the burned area. Keep unaffected body parts warm by covering them as much as possible, and use the heater in the passenger compartment.~~

~~11. After cooling the burn, apply a covering to the burn (dry non-stick gauze, loose plastic wrap, etc.).~~