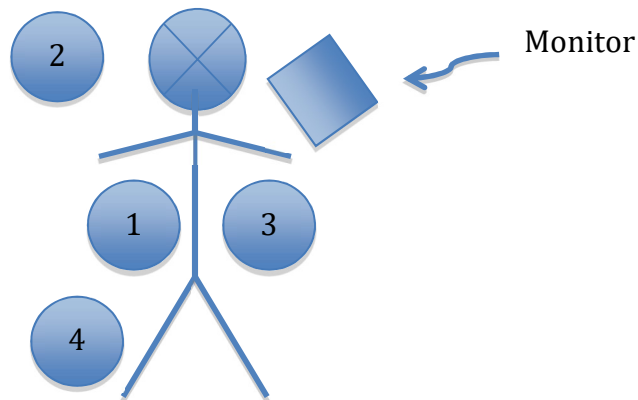


REGIONAL EMS MICR

CREW OF FOUR TASK STANDARD, ONE OR TWO MEDICS

1. NOT to be used on Trauma, Drowning, Overdose, Respiratory, Pediatric (<8 y/o) patients
2. Crew takes positions according to previously discussed assignments
 - #1 Compression Tech
 - #2 Compression Tech
 - #3 Compression Tech (Company Officer)
 - #4 Paramedic



3. Initiates properly executed chest compressions throughout duration of pulseless period utilizing the provided metronome on the monitor
 - CPR rate of ~110 compressions per minute
 - Compression depth of 2 ½"
 - Complete recoil
 - Switch compressors EVERY two minutes
4. IF arrest is witnessed by ALS provider OR ongoing high quality CPR, perform immediate rhythm check and shock if indicated
5. Oxygen delivery 25 lpm total
 - OPA properly sized and placed
 - 10 lpm via nasal cannula
 - 15 lpm via non-rebreather mask
6. Early IO Access with early EPI administration, max of 2 doses for any code
7. Continue chest compressions while monitor is charging (charge monitor during last 10 seconds of each round). Quickly return to chest compressions if and after shock was delivered. Time off chest goal: <5 seconds.
8. Search for and treat identifiable causes of cardiac arrest (H's and T's)
9. If patient has ROSC, obtain 12-lead ECG

REGIONAL EMS
POSITION BENCHMARKS
MICR CREW OF FOUR, ONE OR TWO MEDICS

#1 Compression Technician

Position Benchmarks:

First Round:

- Initiate CPR @ rate of 110/min
- 2 ½ " depth of compression with full recoil
- Continue compressions while monitor is charging

Second Round:

- FSBG

Third Round:

- Assist medic with advanced airway prep
- Prepare for CPR

Fourth Round:

- CPR @ rate of 110/minute, 2 ½ " depth, with full recoil
- Continue compressions while monitor is charging

ACLS:

- Assist medic with intubation tasks
- BVM with rate timer

REGIONAL EMS
POSITION BENCHMARKS
MICR CREW OF FOUR, ONE OR TWO MEDICS

#2 Compression Technician

Position Benchmarks:

First Round:

- Place OPA and NRB @ 15 lpm
- Place NC @ 10 lpm
- Place Thompson tube holder loosely around patient's neck

Second Round:

- Spike IV bag
- Prepare for CPR

Third Round:

- Compressions @ rate of 110/minute, 2 ½" depth, with full recoil
- Continue compressions while monitor is charging

Fourth Round:

- Initialize ETCO2
- Suction
- Prepare for CPR

ACLS:

- Compressions @ rate of 110/minute, 2 ½" depth, with full recoil
- Continue compressions while monitor is charging

REGIONAL EMS
POSITION BENCHMARKS
MICR CREW OF FOUR, ONE OR TWO MEDICS

#3 Compression Technician

Position Benchmarks:

First Round:

- Turn on monitor, place De-Fib pads
- Assist with second O2 bottle, if needed
- Charge monitor with ~10 seconds remaining
- Prepare for CPR

Second Round:

- Compressions @ rate of 110/minute, 2 ½ " depth, with full recoil
- Continue compressions while monitor is charging

Third Round:

- EPCR

Fourth Round:

- Request additional resources (EC, CAP, Law Enforcement)

ACLS:

- Scene management (CAP, Law Enforcement, Family)

REGIONAL EMS
POSITION BENCHMARKS
MICR CREW OF FOUR, ONE OR TWO MEDICS

#4 Technician: Paramedic

Position Benchmarks:

First Round:

- Place IO, flush, and confirm placement
- Initial dose of EPI followed by flush
- Defibrillate, if indicated

Second Round:

- Assume position near monitor
- Establish “command presence”/provide direction for the crew
- Administer Amiodarone, if indicated, followed by flush
- Charge monitor with ~10 seconds remaining and defibrillate, if indicated

Third Round:

- Prepare for advanced airway
- Consider H’s and T’s
- Administer Amiodarone, if indicated, followed by flush
- Charge monitor with ~10 seconds remaining and defibrillate, if indicated

Fourth Round:

- Prepare for advanced airway
- Consider H’s and T’s
- Administer Amiodarone, if indicated, followed by flush
- Charge monitor with ~10 seconds remaining and defibrillate, if indicated

ACLS:

- Intubate
- If intubation is unsuccessful after one attempt, use i-Gel Airway
- Administer second (and Final) dose of EPI, followed by flush
- PEA and ETCO₂ <10, after 20 minutes: cease resuscitative efforts
- Asystole, after 20 minutes: cease resuscitative efforts
- Persistent VF/VT is to be transported
- If patient presents with ROSC, obtain 12-Lead