

**System Protocols**

**CRITERIA FOR SERVICE ENDORSEMENT FOR OPERATION**

The endorsement of agencies seeking licensure to provide services in the Detroit East Medical Control Authority will be considered with reference to the criteria set forth below.

**1. Staffing for each level of service will be as specified herein**

- A. **Medical First Response Units** - Minimum staffing will be in accordance with Department of EMS standards.
- B. **Basic Life Support** - Minimum staffing will be one (1) Basic Emergency Medical Technician and one (1) Medical First Responder.
- C. **Basic Life Support with AED** - Minimum staffing will be two (2) Basic Emergency Medical Technicians, both of whom are certified Automatic External Defibrillator Technicians.
- D. **Limited Advanced Life Support** - Minimum staffing will be one (1) Emergency Medical Technician Specialist and one (1) Basic Emergency Medical Technician, both of whom are certified Automatic External Defibrillator Technicians.
- E. **Advanced Life Support** - Minimum staffing shall be one (1) Paramedic and one (1) Basic Emergency Medical Technician.

**2. Equipment Required**

- A. Basic medical equipment and supplies shall conform to the criteria established by the department.
- B. Additional equipment may be required by the Detroit East Medical Control Authority.
- C. All LALS units in this Medical Control Authority shall be equipped with Automatic External Defibrillators.

**3. Communications Requirements**

- A. All units shall be identified through application of standard terminology and a uniform MEDCOM numbering system established by the Detroit/Wayne County EMS Council.
- B. The Detroit East EMS Communications System shall be used at all times within the Medical Control Authority via the UHF MEDCOM radio system.

**4. General Requirements**

- A. The agency must provide proof of liability insurance coverage to the Medical Control Authority.
- B. The agency must agree to act in accordance with the medical policies and procedures as noted in the Medical Protocol Guidelines and defined by the Control Board, and other policies as promulgated by the Control Board.
- C. The agency must declare in writing its understanding of the aforementioned criteria and agree to act in accordance with them. The agency must further acknowledge that failure to comply on a continuing basis with these criteria may result in suspension of operation privileges in the Medical Control Authority..

**5. CRITERIA FOR PROVIDER APPLICATION REVIEW**

Prospective provider agencies must submit a written request for endorsement from the Medical Control Authority. Such a request must include:

- A. Copy of the proposed Application of Licensure/Relicensure to the department, including support letters from participating hospital if required.
- B. A commitment to 24/7 “emergency” service.
- C. Detailed information outlining geographic service area.

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- D. Detailed communications plan outlining existing and proposed communication capabilities.
- E. Proof of professional liability insurance.
- F. Declaration of understanding and agreement to comply with all Detroit East Medical Control Authority Criteria for endorsement.
- G. Prospective providers should submit an adequate number of copies of the application to the Medical Control Authority at least sixty (60) days prior to application with the department.