

**System Protocols**

CRITERIA FOR SERVICE ENDORSEMENT FOR OPERATION Section 8.17c

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The Detroit East Medical Control Authority (DEMCA) serves as the designee of the Michigan Department of Health and Human Services (MDHHS) pursuant to Act 368 of 1978, as amended in 2000, to serve as medical control authority for the Detroit east emergency medical services area. Pursuant to Sec. 20919(a) the medical control authority shall develop protocols and policies for the acts, tasks, and function that may be performed by EMS personnel and life support agencies. The endorsement of agencies seeking licensure to provide services in the DEMCA 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 the MDHHS standards.
  - B. **Basic Life Support** - (1) Emergency Medical Technician (EMT) and (1) Medical First Responder (MFR) now termed Emergency Medical Responder (EMR)
  - C. **Limited Advanced Life Support** - Minimum staffing will be one (1) Emergency Medical Technician Specialist/AEMT and one (1) Basic Emergency Medical Technician, both of whom are certified Automatic External Defibrillator Technicians.
  - D. **Advanced Life Support** - Minimum staffing shall be one (1) Paramedic and one (1) Basic Emergency Medical Technician.
  - E. **Critical Care Life Support** -(1) Critical Care Trained Paramedic per MDHHS protocol (INTER-FACILITY PATIENT TRANSFERS AND CRITICAL CARE PATIENT TRANSPORTS) and (1) Paramedic
  
2. **Equipment Required**
  - A. Basic medical equipment and supplies shall conform to the criteria established by the MDHHS.
  - B. Additional equipment may be required by the Detroit East Medical Control Authority.
  
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, VHF HEAR, or 800mhz systems.
  
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.
  
6. **ENDORSEMENT REQUIREMENTS FOR EMS PERSONNEL**
  - A. **Licensure** - The individual must hold a valid Michigan License as a Medical First Responder (MFR), Emergency Medical Technician (EMT), Emergency Medical Technician Specialist (EMTS) or Paramedic.
  - B. **Education** - The individual must have successfully completed a state approved training program commensurate with their proposed level of licensure.

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- C. **CPR and ACLS Certification** - MFR, EMT and EMTS must hold a current BCLS card from AHA or ARC. Paramedics must hold ACLS certification from the American Heart Association (AHA).
- D. **Certification for new personnel**
  - a. All practicing pre-hospital medical personnel shall possess current MDHHS licensure appropriate to their level of training.
  - b. In addition, all Paramedics must be certified to practice in the Detroit East Medical Control Authority by completing an emergency department clinical orientation and either a written or oral assessment of their competency at their licensure level prior to practicing above the level of EMT in the field. This requirement may be met by:
    - 1. Receiving clinical experience at a DEMCA hospital of at least 24 hours during their EMTs or Paramedic training and provide copies of the documentation to the Medical Director or his or her designee.
    - 2. A twenty-four (24) hour orientation in a DEMCA hospital if training did not include clinical experience at a DEMCA hospital (must provide copies of clinical rotation sheets with contact information for verification). The approved rotation sites are Detroit Receiving Hospital, Children's Hospital of Michigan, Henry Ford Hospital, St. John Hospital, or Sinai-Grace Hospital.
  - c. All personnel must demonstrate an understanding of the National Incident Management system and complete training in the FEMA IS 100, 200, 700, and 800 courses (<http://training.fema.gov/emiweb/is/is700.asp>). All full and part-time employees need to complete this course no later than 3 months after being hired if they lack this certification when initially hired.
  - d. A Paramedic must possess valid ACLS certification at all times.
  - e. Successfully complete either an oral or written assessment of their competency for their appropriate licensure administered by the medical director or his or her designee.
- E. **Relicensure**
  - a. The MFR, EMT, AEMT, or Paramedic must meet the CE re-licensure requirements as set by the MDHHS.
  - b. AEMT and Paramedics must spend four (4) hours in a DEMCA hospital emergency facility having their skills assessed and observed by the Medical Director or his/her designee. This criteria must be met every time re-licensure is required by the MDHHS.
- F. **Termination of Endorsement**
  - a. Approval to function in the DEMCA will be terminated if:
    - 1. The licensed individual fails to meet re-licensure requirements of the MDHHS, or has his/her license revoked, or suspended by the MDHHS.
    - 2. AEMT or Paramedics may also lose endorsement for failure to complete ongoing education requirements.
  - b. Endorsement will be reinstated when:
    - 1. Proof of relicensure by the MDHHS is provided.
    - 2. For AEMT and Paramedics, successful completion of a written and clinical test as specified by DEMCA is also required.

**7. RENEWING AGENCIES (ANNUALLY)**

Renewing EMS Agencies will be eligible to be designated as a life support agency in DEMCA and receive Medical Control upon annual submission to the Advisory Board:

1. Evidence of licensure with the MDHHS;
2. Evidence of compliance with DEMCA criteria for practice by completion of the Letter of Compliance;
3. List of current personnel including level of licensure, expiration dates, and current certifications; and
4. Approval of the Advisory Board and Board of Directors.

**8. AGENCY CRITERIA TO PARTICIPATE IN THE DEMCA**

DEMCA has an approval process in place to designate a life support agency in the Detroit east medical control area to be eligible for Medical Control. This approval will be based on the Advisory Board and Board of Directors approval. The criteria to operate as a DEMCA agency includes:

1. Copy of the proposed Application of Licensure/Relicensure to the MDHHS, including support letters from participating hospital if required.
2. A commitment to 24/7 "emergency" service.
3. Detailed information outlining geographic service area.
4. Detailed communications plan outlining existing and proposed communication capabilities.
5. Proof of professional liability insurance.
6. Declaration of understanding and agreement to comply with all Detroit East Medical Control Authority Criteria for endorsement.
7. 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 MDHHS.
8. Licensed by the MDHHS, or license pending.
9. Medical supplies, communications, equipment, procedures and protocols utilized meet criteria as established by MDHHS and DEMCA.
10. Agency/Personnel will follow all of DEMCA's protocols.
11. The agency designates the DEMCA (including its PSRO) to perform professional practice review functions on behalf of the agency, including review of pre-hospital care provided in the Detroit east medical control service area and recommendations for improvement of such care.
12. The agency agrees to participate in PSRO studies, and abide by the PSRO Incident Investigation Procedure.

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**NEW / UPGRADE/RENEWAL LIFE SUPPORT AGENCY APPLICATION**

Date: \_\_\_\_\_ Agency: \_\_\_\_\_

Complete the following:

<b>AGENCY:</b>		<b>YES</b>	<b>NO</b>
1.	Agrees to operate under all of the Detroit East Medical Control Authority's protocols.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Agrees to ensure that all staff will operate under all of the Detroit East Medical Control Authority's protocols.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Agrees to participate and honor all PSRO and DEMCA requests for QA/QI purposes.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Agrees to help support the integrity of the EMS system in the Detroit east medical control authority service area.		
5.	Have the owners/officers of the agency have ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
<b>STAFFING:</b>		<b>YES</b>	<b>NO</b>
6.	Meets all of DEMCA's staffing requirements and the personnel meet all of DEMCA's qualifications.	<input type="checkbox"/>	<input type="checkbox"/>

*NOTE: If "No" is checked for any statement (except for number 5), you must provide sufficient documentation to explain the variance. If "Yes" is checked for number 5, provide an explanation.*

Agency will provide the following:

1. Attach a detailed communication plan that meets DEMCA's Communication Policy requirements, based on level of licensure. Requests must meet current MDHHS MEDCOM plan requirements, as well.
2. List all types of service to be provided, as well as service area (list current as well as proposed).
3. Attach a map showing the response area for the agency.
4. Agency has designated a medical control hospital and medical control hospital physician.
5. Units are identified through standard terminology and uniform numbering system established by the Detroit/Wayne County EMS Council. The DEMCA unit number will be documented on each run form and/or e-PCR and used in all radio communications.
6. The agency has designated an EMS Coordinator.
7. Have State Licensed Instructor Coordinator or access to one.
8. The agency has Emergency Medical Dispatch (EMD) protocols to ensure the appropriate dispatching of a life support agency based upon medical need and capability of the emergency medical services system.
9. The agency has a policy to ensure that use of lights and sirens is based on EMD protocols and patient condition.
10. The agency is responsible for completing and forwarding the necessary quality improvement data, approved by the DEMCA Board of Directors, to the DEMCA office on a monthly basis.

**EMS PERSONNEL TO PARTICIPATE IN THE DEMCA**

The agency agrees to adhere to DEMCA's protocol Criteria for Service Endorsement of Personal and section 6 of this protocol.

**EMS RESPONSE**

1. Provide at least 1 vehicle available for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with DEMCA protocols.
2. Respond or ensure that a response is provided to each request for emergency assistance originating from within the bounds of its geography service area.
3. Operate under the direction of a medical control authority or the medical control authorities with jurisdiction over the ambulance operation.
4. Proposed start of operations date (for new agencies only).
5. If the application involves upgrading the level of service, a plan must be attached that explains how the agency will deal with newly licensed personnel working together.
6. If the service is a corporation, articles of incorporation are included.
7. The agency designates the DEMCA (including its PSRO) to perform professional practice review functions on behalf of the agency, including review of pre-hospital care provided in the Detroit east medical control service area and recommendations for improvement of such care.
8. The agency agrees to participate in PSRO studies, and abide by the PSRO Incident Investigation Procedure.

Signature: \_\_\_\_\_  
(Chief of Department or Agency President)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_