Tri-County Emergency Medical Control Authority
System Protocol
Destination Guidelines

1. Transportation of stable patients will be at the discretion (in order of priority) of the patient, the patient's family and the closest appropriate hospital. For an unstable patient, unable to make their own decision, follow guidelines below:

A. For Basic Life Support units, any unstable patient should be transported to the closest hospital emergency department.

B. For ALS units, "Appropriate Hospital" is defined as the closest facility able to provide definitive treatment for the patient's illness or injury.

Cardiac Emergencies: Cardiac patients that meet the criteria for "STEMI" Patients, (Elevated ST MI); will be transported to a facility that has cath lab capabilities. In our system this would be McLaren Greater Lansing or Sparrow Health System.

Cerebral Vascular Accident/Stroke Emergencies: Cerebral Vascular Accident (CVA) patients with known acute early onset of stroke symptoms less than 3 hours transport to a designated stroke center. Designated stroke centers are: Sparrow-Joint Commission Accreditation, and McLaren Greater Lansing-Health Facilities Accreditation Program.

Obstetrical Emergencies: Patients greater that 20 weeks with an OB issue will be transported to a facility with OB Support, i.e. McLaren Greater Lansing or Sparrow Health System. It is best to transport these type patients to the hospital that is affiliated with their OB doctor.

Burn Emergencies: EMS should transport any burn patient with a complicating airway concern to the closest emergency department. Otherwise, consult with the closest/local emergency department and follow on-line medical direction for transport.

Ocular Trauma: Contact local/closest emergency department and follow on-line medical direction for transport.

Trauma Emergencies: Any *trauma patient without an established or maintained airway must be transported to the nearest hospital emergency department.*

Significant trauma patients (as defined by the Trauma Administrative Rules) should be transported to an ACS Verified Level I or Level II Trauma Center *, even if other facilities are closer. **Contact as soon as possible with On-Line medical control is essential for the serious trauma patient. Spend absolute minimum time on scene, perform procedures en-route**

Steps 1 and 2 attempt to identify the most seriously injured patients. These patients should be transported preferentially to the highest level of care within the trauma system.

Triage Decision Step #1

Glasgow Coma scale	<14 or
Systolic blood pressure	< 90 mmhg or
Respiratory rate	< 10 or >29 breaths/minute (<20 in infant <1 one year)

Triage Decision Step #2

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee.
- Flail Chest
- Two or more proximal long-bone fractures
- Crushed, degloved, or mangled extremity
- Amputation proximal to wrist and ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis

Triage Decision Step #3

Transport to closest appropriate trauma center, which may not be the highest-level trauma center:

Falls:

- Adults: > 20ft. (one story is equal to 10ft.)
- Children: >10ft or 2-3 times the height of the child
- High-Risk Auto Crash
- Intrusion: > 12 in. occupant site; > 18 in. any site
- Ejection (partial or complete) from automobile
- Death in same passenger compartment
- Vehicle telemetry data consistent with high risk of injury

- Auto vs. Pedestrian/Bicyclist Thrown, Run Over or with Significant (>20 mph) Impact
- Motorcycle Crash > 20 mph

Triage Decision Step #4

Trauma Special considerations
In the following circumstances contact medical control and consider transport to a trauma center or a specific resource hospital:

- Age
  - Older Adults: Risk of injury death increases after age 55 years
  - Children: Should be triaged preferentially to pediatric-capable trauma centers

- Burns:
  - Without other trauma mechanism: Triage to burn facility
  - With trauma mechanism: Triage to trauma center

- Anticoagulation and Bleeding Disorders
- Time sensitive Extremity Injury
- End-State Renal Disease Requiring Dialysis
- Pregnancy > 20 weeks
- EMS Provider Judgment

2. When transporting a patient to the hospital, EMS vehicles will be operated in a manner consistent with the patients' medical need. The standard mode of transport of a patient to the hospital will be "non-emergency", with the regular flow of traffic. Any upgrade to an "emergency" transport will be a result of a specific patient condition.

3. Emergency equipment (lights, siren, air horn, etc.) may be used only for patients whose medical condition would benefit despite the increased risks and minimal potential time savings. This may include "Priority One" and some "Priority Two" patients (Section 6-22). The receiving hospital should receive early notification of these time critical emergency patients.

4. On-Line Medical Control is defined as the attending ED physician (or designee) at the anticipated destination facility within the TCEMCA system.

5. Patients who access the EMS System as emergencies will be transported to a licensed hospital emergency department within the TCEMCA region (Ingham, Eaton and Clinton County). Priority 1 and 2 transports to any facility out of this region require the prior approval of On-Line Medical Control. For priority 3 transports, prior approval of On-Line Medical Control is not required.

   A. In a disaster situation, patient's transportation will be coordinated by TCEMCA Medical Control "Resource Hospital" (See MCI Section).

   B. A non-emergency Patient may be transported to other locations (urgent care, private physician's office, etc.) only under direction of On-Line Medical Control, obtained from the closest TCEMCA Facility. This section includes transport to Community Mental Health Facilities.

Diversion Policy

When a shortage of Emergency Department resources or temporary emergency department overload precludes the provision of timely and appropriate care, patients will be directed to another appropriate facility.

1. Communications

A. Initial communications will include:

1. Receiving hospital identification
2. Transporting agency
3. Patient priority assignment (per Patient Priority Indicator Protocol)
4. Communication break for hospital response

B. Communications will be as early as practical in order to effect an efficient diversion when necessary.

2. Notification of Diversion Status

A. Hospital will notify other nearby hospitals and all EMS dispatch centers by use of an MCA approved notification system.

B. Hospitals will re-evaluate their diversion status on an **hourly basis**.

C. Hospital will notify other hospitals and dispatch centers if renewal of diversion status is required by use of an MCA approved notification system.

4. Exceptions

A. Despite a diversion status at a receiving hospital, diverting hospital will accept priority one patients, as well as those with suspected acute MI or acute CVA.

B. If all facilities in a given area are overwhelmed, then each facility will begin accepting patients to the best of their ability, despite the overload condition.

PURPOSE

To define medically appropriate EMS dispatch methods.

PROCEDURE

1.0 Definitions

1.1 Life threatening emergencies – Priority One and some Priority Two patients (per section 6-22) whose condition could reasonably be expected to worsen without immediate intervention.

1.2 Nearest available agency – EMS agency(ies) designated by the municipality to provide emergency medical services, or that EMS agency's designated mutual aid provider.

2.0 TCEMCA strongly encourages the use of a medically supervised, protocol driven EMS dispatch system that provides both pre-arrival instructions to callers and response priority data to responding units.

2.1 If response priority data is available from an EMS dispatch point, responding units shall conform their response mode to the data provided.

2.2 A request for EMS service shall not be "stacked" awaiting an available unit if that request is for a "life threatening emergency" as defined in §1.1 above. If a unit is not available within 90 seconds of receipt of the call, the call shall be referred to a mutual aid provider for response. If a unit from the initial provider becomes available after mutual aid has been requested, the initial provider should contact the mutual aid provider to coordinate response and determine the actual closest unit to the call.

2.3 If an EMS agency, or its dispatch service, receives a request to provide service to an area outside its licensed geographic service area for a "life threatening emergency", that EMS agency or its dispatch service shall notify the "nearest available agency" as defined in §1.2 above. Contractual agreements entered into by the EMS agency with other persons shall not contradict or circumvent this requirement.

2.4 The use of the "nearest available agency" is not required for "emergency" calls not meeting the definition of "life threatening" in §1.1, or for scheduled ambulance transfers.

3.0 No EMS unit shall be canceled, once a request for emergency assistance is received, unless one of the following occurs:

3.1 A police/fire department unit reports that no person/accident can be found at the location, or

3.2 Any TCEMCA authorized EMS unit on the scene cancels the responding EMS units. Canceling agency must complete and submit TCEMCA patient refusal forms.

4.0 Each EMS agency shall have written Standard Operating Procedures for their dispatch center to use when mutual aid requests are necessary.

5.0 It is the responsibility of each EMS agency director/chief to ensure compliance with this protocol.

6.0 All TCEMCA authorized agencies shall respond or ensure that a response is provided to all requests for emergency assistance originating from within the bounds of its service area and provide appropriate emergency medical services and/or transportation as necessary without regard to the patient's ability to pay for said emergency medical services and/or transportation or said patient's reimbursement status.

Tri-County Emergency Medical Control Authority
System Protocol
Authorization to function as EMS personnel in TCEMCA

Authorization to Function as EMS Personnel in TCEMCA

It is the purpose of this policy to establish a method by which the Medical Director can be assured that EMS personnel have sufficient knowledge of TCEMCA protocol and general EMS treatment principles, and are proficient in practical skills.

It is the policy of TCEMCA that all EMS personnel must have the "authorization" of the Medical Director prior to providing pre-hospital emergency medical care within the Counties of Ingham, Eaton, and Clinton. Authorization means "the provision of Medical Control oversight" as defined by MCL 333.20919. This authorization may be withdrawn by the Medical Director, if he/she determines that an individual's EMS care is a danger to the public health, safety or welfare; or, violates approved protocol. The Medical Director may also ask the State of Michigan to take action against the license of an individual for being a danger to the public health, safety or welfare; or, for violation of approved protocol. Appeal of a decision of the Medical Director may be made to the TCEMCA Board of Directors; and, if needed, to the Michigan Department of Community Health, EMS Division.

The Medical Director shall establish, monitor, and revise as necessary a process to evaluate the competency (as described above) of all EMS personnel wishing to function within the TCEMCA region. This process may include testing of knowledge and skills, requirement for outside currency such as ACLS, or other methods of determining competence to practice, at the discretion of the Medical Director. The Medical Director shall consider the economic impact of any requirements placed on EMS personnel, per MCL 333.20919(5).

It is the responsibility of the EMS agency's Director/Chief to ensure that all personnel under their employ or control, providing Pre-Hospital care, are authorized by TCEMCA.

Hospital Communications

1. The use of the patient priority assignment system:

   Priority One (1):

   An unstable patient having an airway, breathing or circulation problem, which is uncontrolled or deteriorating. An EMS unit is requesting immediate availability of the frequency for physician medical direction.

   Priority Two (2):

   A stable patient in which an EMS unit anticipates medical direction.

   Priority Three (3):

   A stable patient in which the EMS unit does not anticipate receiving medical direction. The primary reason for radio transmission is to notify the destination hospital of the EMS unit's arrival time and patient's needs upon arrival.

2. ---The preferred communication system for any patient priority and all levels of EMS service is the "UHF MED Channel", including the Ingham County Hospital talk groups, where applicable.. TCEMCA has a UHF radio system, which makes use of six repeater sites, giving full coverage over the entire three County area. All TCEMCA affiliated hospitals are connected to this system.
   ---Landline and cellular telephone communications may be utilized for all priority levels, as a backup communication method.
   ---The HEAR radio system (155.34 MHz) should be reserved for those situations when communication cannot be achieved by other means.

   Radio communications should not be utilized for inter-facility transfers or direct admits. Telephone communication to the receiving hospital will be made prior to patient transport. Radio communications may be used if a change in patient status warrants further communications with the receiving hospital.

   "On-Line Medical Control", for purposes of these protocols, is defined as the attending ED physician (or designee) at the anticipated TCEMCA receiving facility.

PRIORITY ONE AND TWO PATIENTS:

1. EMS unit identifies itself and the hospital it is attempting to contact.
2. Hospital acknowledges transmission and hospital personnel identify themselves.
3. EMS personnel give their last name and level of licensure.
4. **ETA**
5. **Patient priority assignment**.
6. **Chief complaint**
7. BREAK (if necessary, the hospital would divert at this point.)
8. (If no diversion) Receiving hospital asks EMS unit to continue.
9. **Age and sex of patient**.
10. **Vital signs.**
11. BREAK (Receiving hospital may ask pertinent questions at this time.)
12. Receiving hospital asks EMS unit to continue.
13. **Treatment provided by EMS unit.**
14. **EMS personnel requests orders.**
15. BREAK.
16. Receiving hospital confirms or gives additional orders.
17. EMS unit clears.
18. Hospital clears.

PRIORITY THREE PATIENTS:

1. EMS unit identifies itself and the hospital it is attempting to contact.
2. Hospital acknowledges transmission and hospital personnel identify themselves.
3. EMS personnel give their last name and level of licensure.
4. **Age and sex of patient**.
5. **ETA.**
6. **Patient priority assignment**.
7. **Chief complaint**.
8. BREAK (if necessary, the hospital would divert at this point.)
9. (If no diversion) Receiving hospital asks EMS unit to continue.
10. Vital signs. **(ONLY IF HOSPITAL REQUESTS).**

USE OF STANDARD OPERATING PROCEDURES

Dear EMS Provider:
These "Protocols" are issued by the Tri-County Emergency Medical Control Authority to govern Pre-Hospital EMS care in Ingham, Eaton and Clinton County. They are for the use of Michigan licensed EMS providers authorized to provide pre-hospital medical care to the public.

These protocols are not intended to replace standard textbooks on EMS practice. They are a stepwise listing of the treatments and procedures to be performed for a given assessment. While other published "guidelines" such as ACLS, ATLS, PALS, etc. are useful for training and background information; these protocols actually authorize specific medical care in the pre-hospital arena. Unless specifically authorized in advance by on-line medical control, treatments and procedures other than those contained in these protocols are without legal foundation.

Subject to MCL 333.20967, all authorized pre-hospital care providers present with a patient share responsibility for the care and treatment of that patient. Specific duty assignments or license level (i.e. "I'm just driving today") do not relieve the pre-hospital care provider of their duty to the patient.

"Post Radio Contact" orders will routinely be carried out after contact with on-line medical control. They may be used prior to radio contact only if the EMS provider documents the negative effect on the patient's health caused by the slight additional time needed to make contact.

PLEASE NOTE THAT SOME TREATMENTS MAY ONLY BE INSTITUTED BY DIRECT ON-LINE MEDICAL CONTROL ORDER.

One of the primary responsibilities of a Medical Control Authority is the development and implementation of Protocols. TCEMCA uses an annual approach to this task, beginning in January of each year. Any pre-hospital care provider is welcome to make suggestions or comments for the improvement of this document.

Questions about these protocols should be referred to the TCEMCA office. Immediate concerns about patient care should first be directed to the attending physician at the destination hospital for the EMS patient. The TCEMCA office or Medical Director can be contacted if a satisfactory resolution cannot be found at the destination facility.

Our EMS system is one to be proud of, and it gets better every day. Thank You for joining with me to provide this truly professional EMS service for the residents of the Tri-County area.

Sincerely,

Robert K. Orr, D.O.,F.A.C.E.P., Medical Director
Tri-County Emergency Medical Control Authority

MCA Name: Tri County Emergency MCA
TCEMCA Board Approval Date: November 10, 2010
MDCH Approval Date: April 19, 2013
MCA Implementation Date: June 1, 2013

OPTIONAL ALTERNATE TRANSPORT OF AN APPARENTLY INTOXICATED PATIENT POLICY

Purpose: To outline the process to be followed when EMS personnel are faced with persons who appear to be suffering from acute intoxication without any other associated medical or traumatic condition, and ***wanting*** to be transported to The Recovery Center (detox center), which is a program of Community Mental Health of Clinton, Eaton and Ingham Counties.

Upon identifying a person who appears intoxicated:

1. Perform a primary and secondary exam including vital signs.

2. If there are apparent injuries or any other condition which causes concern for the patient's health or welfare, the patient must be transported to a hospital by EMS. Examples:

    a. Any condition identified during the primary or secondary exam, which would typically result in transport to the hospital.

    b. Auditory hallucinations (hearing voices) talking to someone not present.

    c. Delusional thinking (paranoia).

    d. Self-harm/abusive or aggressive behavior.

3. If there are no apparent injuries or other conditions, which cause concern for the patient's health or welfare, perform an evaluation of oxygen saturation and glucose level.

4. If oxygen saturation or glucose is abnormal or there is any other suggestion of need for hospital evaluation, the patient must be transported to an appropriate hospital.

5. If assessments are within normal limits, and there is no indication of need for hospital evaluation, and a determination is made that no emergency exists, EMS may ask the patient if they would prefer to be transported to The Recovery

Center. EMS must contact on-line medical control for authorization to transport to The Recovery Center.

6. If there is any confusion or question about the person's condition, the patient must be transported to the hospital.

7. Transport mode:

a. If going to The Recovery Center, the patient may be transported by law enforcement.

b. If going to the hospital, the patient will be transported by EMS.

c. If no other transportation is available, the patient may be transported to the Recovery Center via EMS.

d. If EMS is transporting to Detox Center, contact center to advise them of incoming patient using phone numbers listed below.

Main Line: 517-267-7623

On Duty Staff Cell Phone: 517-599-1839
(Staff carry cell phone on their person during overnights and weekends)

Detox Center Address:

810 W. Saginaw Street
Lansing 48915

ACTIVE VIOLENCE INCIDENT ENTRY

Purpose:

The purpose of this protocol is to acknowledge the use of specialty trained and equipped EMS personnel in our Medical Control Authority working alongside with Law Enforcement during an active violence incident (AVI). EMS personnel who have trained with law enforcement are allowed to enter into the warm zones.

When responding to these types of incidents, the trained and equipped EMS personnel will respond along with a State licensed EMS unit from their Agency, licensed at an appropriate level. If requested outside of the EMS Agency's response area, an additional ambulance from the local jurisdiction shall be dispatched as well.

This protocol does not provide liability coverage as prescribed under the EMS law for tactical teams that originate and/or operate out of a ***non-life support*** EMS Agency, i.e. police departments, sheriff departments; SWAT teams.

Procedure:

EMS agencies that seek to utilize trained EMS personnel will ensure their personnel have the following: State of Michigan EMS licensure, a valid TCEMCA Authorization Card and training with law enforcement. It will be the agency's responsibility to provide appropriate training, equipment, and deployment of resources for response to these events, including rostering of those personnel.

All EMS personnel should have training in AVI response and treatment guidelines. The first arriving rescuers will be the one's entering with a law enforcement escort once it is declared a warm zone and reasonably safe to enter. SWAT Teams and Tactical Paramedics are unlikely to be on scene fast enough to provide care in a reasonable time frame, hence requiring every responder to be trained and familiar with AVI response.

1. Only trained and equipped EMS personnel will be allowed to enter the warm zone, in coordination with law enforcement, to provide immediate patient care. EMS personnel will wait until law enforcement is ready to escort them into the warm zone to begin patient care. The goal is to provide life-saving interventions and prevent patients from sustaining further complications by providing minimal trauma care intervention. i.e. control and treat hemorrhage, opening and protecting airway. EMS personnel will provide care only within their licensed scope of practice.

2. Any patient may be the suspect/perpetrator, therefore, check all patients for weapons before rendering care. If any weapons are found, the EMS personnel should immediately retreat to safety and advise law enforcement of the situation. If law enforcement individuals are part of the casualties, be sure to have appropriate personnel secure their weapons.

3. Non-tactical EMS personnel may enter the area once it is declared safe/clear by law enforcement, to provide further care. These EMS personnel should be escorted by law enforcement into the safe/cleared area. Appropriate protective gear should be provided to the EMS personnel.

4. Once casualties are removed from the warm zones, EMS personnel working under unified incident command will provide triage, treatment, and transport as outlined in the TCEMCA MCI protocol, section 6-20.

Tactical Emergency Medical Service Team (TEMS)

The purpose of this protocol is to allow for the use of tactical EMS paramedics, within the Tri-County Emergency Medical Control Authority, during police-related activities and training in which their presence would be advantageous.

This protocol does not provide liability coverage as prescribed under the EMS law, for tactical teams that originate and /or operate out of a ***non-life support*** EMS Agency, i.e. police departments, sheriff departments, SWAT teams.

Procedure:

Any ALS agency that seeks to utilize a TEMS team will provide personnel with, at a minimum, paramedic-level licensure in the State of Michigan, a valid TCEMCA Authorization Card, and training in tactical scenarios.

When responding to a tactical scene, the TEMS paramedic team will respond along with an EMS unit from their Agency, licensed at the ALS level.

If requested outside of the EMS Agency's response area, an ambulance from the local jurisdiction should be dispatched as well. In the event a patient arises out of the tactical situation, the TEMS paramedic(s) will provide a comprehensive verbal report upon transferring patient care to the transporting unit. *If the transporting unit is not ALS, or when it is deemed necessary, the TEMS paramedic(s) will accompany the patient to the hospital as to maintain or optimize patient care initiatives.*

The TEMS paramedic team will be comprised of TCEMCA authorized and State of Michigan licensed emergency medical personnel. The TEMS paramedic(s) will follow the Tri-County Emergency Medical Control Authority protocols. The TEMS paramedic(s) will have radio capabilities which allow them to reach their respective dispatch center, as well as TCEMCA hospitals for the purpose of accessing on-line medical control.

1. In tactical situations where it is not possible to contact medical control, *all post-medical control orders will become pre-medical control orders*; medical control will be contacted as soon as it becomes possible.

2. In the event of a TEMS activation, police personnel will contact their respective dispatch center and advise them of the need for TEMS personnel to respond to a situation.

3. TEMS personnel will contact the incident commander on scene for a situation report. The TEMS personnel will size-up the situation and request additional resources as needed.

TCEMCA Paramedic Drug Box

1. If a TCEMCA Paramedic Drug Box is utilized by the TEMS paramedic team, they are to exchange it for the sealed drug box on the ALS transporting unit; this is to transpire upon the transfer of patient care as to ensure the operational integrity of both entities.

2. The transporting ALS unit will use the open drug box for any additional medication administration. The ALS transport unit will be responsible for documenting any and all medication administered in the electronic patient care report; including that which was administered by the TEMS paramedic team. Upon arrival at the hospital, the ALS unit will follow the standardized TCEMCA protocol for the exchange of the drug box.

3. The TEMS paramedic will complete an Electronic Patient Care Report for each patient in which they provide treatment; these reports are to be comprehensive in nature and will contain any and all interventions provided prior to the transfer of patient care to the ALS transport unit.

IV Kits/Fluids

1. The TEMS paramedic team will carry one (1) IV kit, one (1) saline lock, and (1) 1000 ml bag of Normal Saline; each of which are to be TCEMCA approved.

2. The TEMS paramedic team will replace any of its used IV supplies and fluids from the standard allotment on the ALS transporting unit. In the event the TEMS paramedic(s) accompanies the patient to the hospital, the standardized protocol for IV supply/fluid exchange will apply.

3. The ALS transporting unit will replace IV supplies and fluids in a manner consistent with TCEMCA protocol.

OPTIONAL EMS HEMOSTATIC DRESSING

ALL LEVELS

Indications:

Only to be used in severe wounds where blood loss from traumatic injury is present and when primary means, i.e. direct pressure and or tourniquet, to stop bleeding is ineffective.

Contraindications:

- Avoid contact with eye injuries.

Approved Hemostatic Dressings:

- Quick Clot, HemCon, and Celox

Procedure:

1. Open the package and remove.
2. Sterility of the dressing must be maintained.
3. Open clothing around wound. Remove excess pooled blood from wound with sterile gauze.
    a. Preserve any clots already in the wound to aid with the clotting process.
    b. When the source of the bleeding is located, pack the wound tightly with hemostatic dressing.
    c. Use as much of the hemostatic dressing as needed to stop the blood flow. Remainder of the dressing can be used to cover top of wound.

4. Quickly apply pressure until the bleeding stops. Estimated time is 3-5 minutes of continuous pressure.
5. Leave hemostatic dressing in place and wrap area with kerlix or ace bandage to secure wound and dressing
6. Do not remove bandage or hemostatic dressing, elevate the injury if possible.
7. Reassess the wound and patient for any changes and document them.
8. Transport patient to appropriate trauma hospitals.
9. Make sure that empty package is attached to or sent with patient. Removal instructions are on the package for emergency room staff.

Key Points

- Reassess your patient for any changes that may occur and document for report.
- Document the time and location where the hemostatic dressing was applied.
- Avoid leaving hemostatic dressing in sunlight for extended periods of time.
- Quick Clot is for external use only. **DO NOT** use for vaginal bleeding
- Quick Clot is **NOT** to be used in eye injures.
- Contact receiving hospital with the patient information including the status of the patient and wound.

PURPOSE:

To conduct a quarterly account of all mediations provided to EMS Agencies licensed in the TCEMCA, including Pharmacies, and Agencies approved from outside of TCEMCA that carry any of our drug boxes and/or medication kits. Inventoried items includes: Paramedic Drug Boxes, Limited Advanced Drug Boxes, IV Solutions, Saline Lock Kits; Basic Life Support Kits containing Albuterol Kits, Epi-Pens, Narcan kits, and Duo Dotes and Medical First Responder Narcan Kits.

PROCEDURE:

Two weeks prior to the inventory date, TCEMCA will send to each agency their Medication Inventory Forms.

An accounting of all Paramedic and Specialist Drug Boxes, IV Solutions, Saline Lock Kits, Epi-Pens, Narcan Kits, and Duo Dote Kits, will occur on the first Wednesday of the following months: March, June, September, and December.

Forms are to be completed on the inventory day at 8:00 am. During the inventory the EMS Agencies will need to check all expiration dates on the Paramedic Drug Box stickers, Limited Advanced Drug Box stickers, Basic Life Support Kits, Epi-Pens, and Narcan Kits. If any of these items expire in less than 90 day, the Drug Box, Basic Life Support Kit, Epi Pen, or Narcan kit will need to be taken to the agency's home pharmacy for exchange.

Duo Dote kits were provided by the District 1 Regional Medical Response Coalition. These do not go to the pharmacy if they are expired or damaged. Contact the TCEMCA office to receive direction for replacement of these kits.

Once the forms are filled out, these completed forms must be faxed to the TCEMCA office. The TCEMCA office will compile and complete a full accountability report of inventoried items that day. The accountability report will be presented at the next Pharmacy Committee meeting.

DRUG BOXES AND MEDICATIONS TO BE INVENTORIED:

- **Advanced Life Support Agencies**: Paramedic Drug Boxes; IV kits, Saline Lock Kits, and Duo Dote Kits. Epi-pens, Duo Dote Kits, and Narcan on BLS/MFR licensed vehicles.
- **Limited Advanced Life Support Agencies**: Limited Advanced Drug Box; IV kits; and Duo Dote Kits. Narcan and Epi-Pens if they have BLS or MFR licensed vehicles.
- **Basic Life Support Agencies**: Albuterol kits, Epi-Pens, Narcan kits, and Duo Dote Kits
- **Medical First Response Agencies**: Narcan Kits

MEDICATIONS ON RESERVE VEHICLES OR MCA APPROVED ALTERNATE LOCATION

For EMS Agencies that have drug boxes on reserve vehicles, or MCA approved alternate locations:

> Drug boxes will be rotated every 30-days to ensure use in system before the next drug box inventory. This should help to reduce the number of drug boxes requiring return to the pharmacy on drug box inventory day.

NON-COMPLIANCE OF MEDICATION INVENTORY PROTOCOL

Non-compliance of Medication Inventory Protocol will result in the following:

First offense: a letter of non-compliance to be sent to the Agency Director or Chief.

Second Offense: If compliance continues to be an issue, the Agency Director/Chief will be requested to appear before the Professional Standards Review Organization Committee to discuss the Agency's non-compliance status with this protocol.

TRI COUNTY EMERGENCY MEDICAL CONTROL AUTHORITY
SYSTEMS PROTOCOL
APPLICATION TO PROVIDE SERVICE/UPGRADE LEVEL OF SERVICE IN TRI COUNTY EMERGENCY MEDICAL CONTROL AUTHORITY

Agencies desiring to provide emergency medical services in Clinton, Eaton, or Ingham Counties or wishing to upgrade their existing licensure level must satisfactorily complete the application process as outlined below. Applying agency must meet all licensing requirements as set forth by the State of Michigan, including the State required equipment/supplies. The applying Agency must also meet all additional equipment requirements listed in TCEMCA protocol.

1. Submit letter of application indicating the specific geographic area to be served, the desired level of licensure, the proposed station(s) location, type of service (transporting or non-transporting), and the number of ambulances being licensed with their licensure level.

2. Submit documents related to the official types of legal organization of the service, stating whether it is an individual proprietorship, partnership, corporation, or subsidiary of any other corporation or unit of government

3. Submit your plan to communicate with the 9-1-1 Dispatch Centers. If dispatching will not be occurring through the 9-1-1 Dispatch Centers, include documentation of agencies dispatching method, including: dispatch training requirements, records, pre-arrival instructions and computer aided dispatch capabilities.

4. Submit proof of electronic report capabilities, and vendor of choice.

5. Submit a personnel roster which includes the EMS personnel's license number and licensure level. Within the roster, indicate names of Instructor Coordinators for agency.

6. EMS Personnel must meet requirements outlined in the "Responsibilities of Participants Protocol" Responsibilities of EMS providers, Section 6-34. After application approval, prior to operating in the MCA, personnel must complete the TCEMCA authorization process.

7. For any proposed transporting or non-transporting service at the Advanced Life Support, Limited Advanced or Basic Life support service, describe the clinical need for the new service.

8. If your agency is currently licensed in the State of Michigan, provide a complete list of Medical Control Authorities, which you have provided service in the last five years, and permission to contact them for references.

9. Include any other factors you wish the TCEMCA Board to consider when reviewing this application.

10. Include the Agency's completed State application both Part 1 and Part 2 of the application, and the TCEMCA application form (page 4 of this protocol).

11. If all the conditions stated above in items one through ten are met, the application will be accepted.

The application packet must be presented in the order stated above. The applying agency must submit two copies of the application for review by the Tri County Emergency Medical Control Authority (TCEMCA) Board of Directors. The completed applications must be submitted no later than two weeks prior to the meeting date of the Tri County Emergency Medical Control Board. Meetings are held on the second Wednesday of January, March, May, July, September and November.

The Medical Control Board will review the completed application and may direct a reference review and investigation. The Board may withhold support of the application based upon adverse findings in the investigation process. The Board or designated representative will advise the applicant of the Board's final determination.

All new agencies will be placed on probation from the first day of operation for a period of 1-year. During probation, in 90-day intervals, the agency will meet with the Medical Director and Manager of Operations. This meeting will serve as a progress report, and if necessary include a performance improvement plan. A report of this meeting will be presented by the Medical Director or Manager of Operations at the TCEMCA Board Meeting

APPLICATION FEE:

A non-refundable fee must accompany this application.

New Agency Fee Schedule:

$2,500.00 for Advanced Life Support
$1,500.00 for Limited Advanced Life Support
$1,000.00 for Basic Life Support
$ 500.00 for Medical First Responders

Agency Upgrade Fee Schedule:

$1,250.00 for Advanced Life Support
$ 750.00 for Limited Advanced Life Support
$ 500.00 for Basic Life Support

The application fee must be in the form of a certified check made payable to TCEMCA and mailed with application packet to address below:

Tri County Emergency Medical Control Authority
6920 S. Cedar St. Suite 8
Lansing MI 48911

NEW SERVICE / AGENCY UPGRADE APPLICATION FORM

DATE ______________________________

NAME OF SERVICE ______________________________

MAILING ADDRESS ______________________________

____

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CONTACT PERSON ______________________________

PHONE NUMBER ______________________________

FAX NUMBER ______________________________

E-MAIL ______________________________

____
SIGNATURE OF AGENCY CHIEF EXECUTIVE OFFICER

The above signature expresses a willingness to comply with all TCEMCA protocols, procedures, directives, and provides release to obtain reference information. Misrepresentation of any item on the application will disqualify the service from consideration for a period of six-months.