MFR Qualifications
All MFR’s must:
1. Be licensed in the State of Michigan as an MFR.
2. Be trained and licensed in accordance with appropriate statutes, rules criteria and maintain current BCLS.
3. Adhere to State of Michigan EMS Division’s continuing education requirements.

EMS RESPONSE
When responding to a non-emergency facility (e.g. nursing home, Urgent Care, physicians office, private residence, etc.) to a patient with a potentially life threatening condition, EMS personnel/life support agency must activate, upon identification of a potentially life threatening condition, the primary life support agency for that geographic service area of the call.
Oakland County Medical Control Authority
System Protocols
Appendix A: Life Support Agency Letter of Compliance

2014 Life Support Agency Letter of Compliance

Life Support Agency Name: ____________________________
(Print Name)

1. Licensed by the Michigan Department of Community Health (MDCH),
or license pending.

2. This Agency agrees to comply with the Oakland County EMS Response Time
Standards. (See EMS Response Time Standards 6-18)

3. Medical supplies, communications, equipment, procedures and protocols
utilized meet criteria, as established by MDCH and Oakland County
Medical Control Authority.

4. It is the agency’s responsibility to educate and update all personnel on the
OCMCA protocols and policies.

5. Agency and personnel will follow the OCMCA Medical Control and Participating
Hospital Policy. (See Medical Control and Participating Hospital Policy 6-15)

6. This agency designates the OCMCA (including its PSRO) to perform professional
practice review functions on behalf of the agency, including review of pre-hospital
care provided in Oakland County and recommendations for improvement of
such care.

7. This agency agrees to participate in PSRO studies, EMS QI Program and abide by the PSRO
Incident Investigation Procedure.

8. Agency has designated a Medical Control Hospital and Medical Control Hospital Physician.

9. Units are identified through standard terminology and uniform numbering system,
administered by the Oakland County Medical Control Authority. The OCMCA
unit number will be documented on each run form and/or e-PCR and used in all radio
communications. (See Agency and EMS Criteria for Participation Policy 6-1)

10. The agency has designated an EMS Coordinator, EMS QI Coordinator and State Certified
Instructor Coordinator.

11. 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. All calls have access to pre-arrival instructions
through an approved MCA EMD program that meets the American Society for Testing
and Measurement (ASTM). (See Dispatch Protocol 6-10)

12. The agency has a policy to ensure that use of lights and sirens is based on EMD

MCA Oakland County
MCA Board Approval Date: October 4, 2013
MDCH Approval Date: November 21, 2013
MCA Implementation Date: January 1, 2014

Section 6-1.1
13. The agency is responsible for completing and forwarding the necessary quality improvement data, approved by the OCMCA Board of Directors, to the MI-EMSIS on a monthly basis, by the 15th of each month.

(Patient Care Record & Electronic Documentation & EMS Information System 6-19)

For ALS Agencies Only

14. Provide staffing in accordance with the Agency and EMS Personnel Criteria for Participation Policy

   A. Provides two paramedics on each licensed ALS unit.

   B. Provides one paramedic/one Basic EMT in accordance with the Interim or Alternate Staffing Policy.

15. Personnel shall be trained and licensed in accordance with appropriate statutes, rules, and criteria and maintain current ACLS, with recommendations to include a nationally recognized pediatric program.

(See Agency and EMS Criteria for Participation Policy 6-1)

For BLS Agencies Only

16. LICENSED NON-TRANSPORTING BLS AGENCY
    Must provide a minimum of one (1) EMT to staff BLS unit at all times. Assigned personnel shall maintain current BCLS with training and license in accordance with the appropriate statutes and criteria.

   OR

   LICENSED TRANSPORTING BLS AGENCY
    A transporting BLS agency must provide a minimum of two (2) EMT’s to staff a BLS unit for transport. Assigned personnel shall be BCLS certified with training and license in accordance with the appropriate statutes, rules and criteria.

17. Personnel shall be trained and licensed in accordance with appropriate statutes, rules, and criteria and have current BCLS certification.

For MFR Agencies Only

18. Personnel shall be trained and licensed in accordance with appropriate statutes, rules, and criteria and maintain current BCLS.

COMPLIANCE: If any of the above criteria cannot be met, the provider will submit documentation of the exceptions.

This agency agrees to comply with protocols, operating procedures and standards of pre-hospital care promulgated by MDCH and the Oakland County Medical Control Authority, including the Agency and EMS Personnel Criteria for Participation Policy. This will assure accountability for care rendered within our advanced emergency care system, effective this date, and as may be promulgated from time to time. We acknowledge that each criterion and verification is subject to inspection by the EMS Medical Director or his/her physician designee, at any time, and at his/her direction. Should cause exist, the EMS Medical Director, or, his/her designee may request formal verification.
Addendum to Letter of Compliance

Agency Name: ___________________________ Telephone: __________________________
Address: ___________________________ Dispatch: __________________________
___________________________ Fax: _______________ ___________
___________________________ E-mail: ____________ ______________
Chief/CEO: ___________________________

Yes No

1. Licensed transporting agency? ____    ____

2. Agency regularly transports? ____    ____

3. Attach a list of communities the agency primarily services, if appropriate. ____    ____

4. Attach a list of communities the agency commits to respond according to OCMCA Response Time criteria. ____    ____

5. Number of vehicles:
   Non Transporting  Transporting
   MFR  ________
   BLS  ________  _________
   ALS  ________  _________

6. Number of Fire/EMS personnel, including volunteers. _________

ALS Only:
7. Agency has 12 lead EKG capabilities. ____    ____

8. Agency has capnography capabilities. ____    ____

9. Agency has C-PAP capabilities ____    ____

10. Type of IO device used by agency. _________

11. Data Reporting System _________
ALS to BLS Transfer of Care

Purpose
Patient needs or desires transport to a hospital and does not meet criteria for ALS interventions, may be transferred by a BLS unit.

1. Criteria for transfer of care from ALS to BLS must include:
   a. Patent airway, maintained without assistance or adjuncts.
   b. Patient appears hemodynamically stable with medical complaints or injuries that would be cared for at the BLS level.
   c. No imminent changes are anticipated in the patient's present condition.
   d. GCS $\geq$ 14.
   e. The EMT in attendance must be willing to accept the transfer of care in regards to the patient's condition.
   f. No patient may be transferred to BLS once an ALS intervention has been initiated.
   g. Notify Medical Control of ALS to BLS transfer of care prior to transport.

Transport by an ALS unit shall be considered if the transfer of care to the BLS staffed ambulance would incur a time delay greater than the projected transport time to the intended receiving facility.

Documentation
1. If care is transferred to BLS the following should be completed:
   a. The ALS Provider will complete a Patient Care Record (PCR) and submit the data electronically.
   b. The ALS Provider will furnish the BLS transport unit with a record detailing the ALS assessment, a copy of which will be provided to the receiving hospital.
   c. ALS transferring unit is identified on the BLS PCR.
Alternate ALS Staffing Policy

This policy allows a Life Support Agency, that meets the criteria*, the ability to apply to the OCMCA using alternate ALS staffing (one EMT-P and one EMT).

Upon application to the Oakland County Medical Control Authority, permission will be granted for a qualified Oakland County local unit of government to establish an alternate ALS staffing service with a minimum staffing level of one EMT-P and one EMT provided all of the following conditions are met:

1. The Life Support Agency must submit a written plan to meet the staffing level requirement, which is supported by the local unit of government.

2. The Life Support Agency must submit a written plan to meet and comply with the Oakland County EMS Response Time Standards (6-18).

3. The Life Support Agency must submit a plan or a letter of agreement for backup at the same or greater level of staffing.

4. Except as provided herein, the Life Support Agency will meet all other applicable ALS and EMT-P standards and requirements.

5. Paramedics addressed in this policy shall act in the capacity of Advanced Life Support according to the policies and procedures of the Oakland County EMS Medical Control Authority.

Criteria*

The community must have a population density per square mile less than 1,500 people or respond to 1,000 or less medical calls per year.
Aircraft Transportation

Indications
To be used only if one or more of the following are met:
1. The speed of the transport from the scene to definitive care may have an impact on patient outcome.
2. When special equipment on-board the aircraft is needed.
3. When special skills and expertise of the flight crew is needed.
4. When search, rescue and transport of victims is inaccessible by ground transport systems.

Contraindications
1. Unsafe weather conditions as determined by aircraft agency
2. Any patient who represents a threat to the crew or operation of the aircraft:
   a. Radioactive exposure, chemical exposure, or similar who has not undergone or cannot undergo proper decontamination prior to transport;
   b. Combative and who are unable to be pharmacologically sedated or restrained;
   c. Psychiatric disorder (suicidal ideation) that cannot be pharmacologically sedated;
   d. Non intubated prisoner
3. Patients who can be safely transported by an alternate method.

General Guidelines
1. Only Oakland County Medical Control Authority approved air medical services can operate in Oakland County and may be requested (See Appendix 1). In the event of a disaster, refer to the Disaster Protocol.
2. Only Oakland County Life Support Agency and dispatch personnel may request air-medical transportation. Requesting Agency or at least one agency on scene must have training in helicopter landing zone preparation and safety for emergency scenes.
3. Fixed-winged aircraft (non-rotary) must use most appropriate airport.
4. The Medical Control Physician (MCP) in concurrence with the on-scene ALS provider may cancel air medical transport at any time.
5. All pre-hospital requests for air medical transport will be reviewed by the PSRO Committee.

Procedure for Activation of Helicopter Transport
1. Ground transportation will be dispatched, as needed, with the helicopter.
2. Advise on-line MCP as soon as possible, of helicopter request.
3. The patient will be transported to the closest appropriate Emergency Facility according to the OCMCA transportation policy.
4. The helicopter’s medical personnel must abide by the Medical Control Transport and Destination Protocols of the system requesting helicopter transport.
Appendix A

Aircraft Dispatch Notification

The Oakland County Medical Control Authority approves the following aircraft companies. Note: Only Oakland County EMS and dispatch personnel may request air medical transport.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Telephone Number</th>
<th>Location of Helicopter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beaumont One</td>
<td>888 476-0005</td>
<td>Royal Oak</td>
</tr>
<tr>
<td>Superior Air med 1</td>
<td>586 778-8558</td>
<td>Waterford</td>
</tr>
<tr>
<td>U of M Survival Flight</td>
<td>800 822-2233</td>
<td>Ann Arbor</td>
</tr>
</tbody>
</table>
Oakland County Medical Control Authority
Aircraft Letter of Compliance
2014

Agency Name: ______________________________________
(Print Name)

1. Licensed by the Michigan Department of Community Health (MDCH), or license pending.
   Fixed Wing __________
   Helicopter __________

2. Assigned medical personnel shall be trained and licensed in accordance with appropriate statutes, rules, criteria and ACLS certified.

3. Medical supplies, communications, equipment, procedures and protocols utilized meet criteria as established by MDCH and Oakland County Medical Control Authority (OCMCA).

4. This agency designates the OCMCA (including its PSRO) to perform professional practice review functions on behalf of the agency, including review of pre-hospital care furnished in Oakland County and recommendations for improvement of such care.

5. It is the agency’s responsibility to educate and update all personnel on the OCMCA protocols and policies.

6. Agency and personnel will follow the OCMCA Medical Control Hospital Policy.

7. The agency has medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical services system.

8. The agency is responsible for completing and forwarding the necessary quality improvement data, approved by the OCMCA Board of Directors, to the OCMCA office on a monthly basis, by the 15th of each month.

9. This agency agrees to participate in PSRO studies, and abide by the PSRO Incident Investigation Procedure.

10. Agency has designated a Medical Control Hospital and Medical Control Physician.

11. The agency is responsible for forwarding a completed copy of each run report originating in Oakland County to the OCMCA office within 24 hours of the run.

12. The agency will transport Oakland County patients as per the Oakland County Transportation Policy and Aircraft Transportation Policy (6-4).
NOTE: If any of the above criteria cannot be met, the provider will submit documentation explaining reasons for the exceptions.

This agency agrees to comply with the protocols, operating procedures and standards of pre-hospital care promulgated by MDCH and the Oakland County Medical Control Authority. This will assure accountability for care rendered within our advanced emergency care system, effective this date, and as may be promulgated from time to time.

We acknowledge that each criterion and verification are subject to inspection by the EMS Medical Director or his/her physician designee at any time and at his/her direction. Should cause exist, the EMS Medical Director, or his/her designee may request formal verification.

*****************************************************************************

COMPLIANCE: If any of the above criteria cannot be met, the provider will submit documentation of the exceptions.
This agency agrees to comply with protocols, operating procedures and standards of pre-hospital care promulgated by MDCH and the Oakland County Medical Control Authority, including the Agency and EMS Personnel Criteria for Participation Policy. This will assure accountability for care rendered within our advanced emergency care system, effective this date, and as may be promulgated from time to time.
We acknowledge that each criterion and verification is subject to inspection by the EMS Medical Director or his/her physician designee, at any time, and at his/her direction. Should cause exist, the EMS Medical Director, or his/her designee may request formal verification.

Agency

Authorized Representative Signature

Medical Control Physician Signature (MCC member/alt)

Title Date

Medical Control Physician (PRINT)

State Licensed Instructor Coordinator (PRINT)

Hospital

EMS Coordinator (PRINT)

Hospital EMS Coordinator/Liaison (PRINT)

EMS QI Coordinator (PRINT)
Addendum to Letter of Compliance

Agency Name: ___________________________ Telephone: __________________________
Address: ___________________________
___________________________ Fax:  _______________ ___________
___________________________ E-mail:  ____________ ______________
Chief/CEO: ___________________________

For Office Use Only

Date Reviewed by Staff:______________  Date Approved by PSRO:________________
Date Approved by MCC:_____________  Date Approved by BOD:_________________
Date Part One Signed:_______________  LSA Part One: Mail/Pick-up Date:_________
Notes:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Alternative EMS Response Team

**Purpose:**
The purpose of the policy is to provide a protocol for the use of alternative EMS response, which includes but is not limited to bicycles, golf carts, and other non-traditional response modes in the Oakland County Medical Control Authority (OCMCA) during events where their use would be advantageous.

**Procedure:**
Any agency that wants to utilize an alternative EMS response team (Team) will carry at least all the equipment listed in this protocol. Staffing of the alternative EMS response team will not exceed the agency’s Oakland County licensing level.

When responding to an emergency, the Team will respond along with a transport capable unit to assure appropriate transport of the patient. The Team will give a complete report of patient condition and treatments to the transporting unit, and will follow the OCMCA protocols. Mandatory communication capabilities include allowing the Team to reach their agency’s dispatch and to reach an OCMCA approved hospital for medical control.

**Equipment List:**
MFR/BLS/Paramedic
- AED
- Jump Kit
- Oxygen/Oxygen supplies
- Airway management supplies
- Suction
- Communication device

Paramedic
- ECG Monitor/Defibrillator
- IV Kit
- Drug Box

**Drug Box (Paramedic only)**
Any ALS agency wanting to obtain a drug box for use on an Alternative EMS Response Team vehicle will take a device that can be sealed and is capable of carrying all of the medications listed on the contents list to the agency’s Medical Control Hospital to be filled. The agency must also provide a device that can carry all controlled substances that can be attached to one of the paramedic’s person. Only one set of boxes (two) may be filled for each paramedic Team an ALS agency deploys. Both boxes will be inventoried and sealed with expiration date labeled on the box. The boxes will be kept in a secured area when not in use.
### Drug Box Contents:

<table>
<thead>
<tr>
<th>Drug/Item</th>
<th>Concentration</th>
<th>Packaging/Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenosine</td>
<td>6 mg/2 ml</td>
<td>5 vials</td>
</tr>
<tr>
<td>Albuterol</td>
<td>2.5 mg/3 ml</td>
<td>2 vials with 1 nebulizer</td>
</tr>
<tr>
<td>Amiodarone</td>
<td>150 mg/3 ml</td>
<td>2 amps</td>
</tr>
<tr>
<td>Aspirin</td>
<td>81 mg/tablet</td>
<td>minimum 4 chewable tabs</td>
</tr>
<tr>
<td>Atropine</td>
<td>1 mg/10 ml</td>
<td>2 pre-filled syringes</td>
</tr>
<tr>
<td>Dextrose 50%</td>
<td>25 gm/50 ml</td>
<td>2 pre-filled syringes</td>
</tr>
<tr>
<td>Diphenhydramine</td>
<td>50 mg/1 ml</td>
<td>1 vial</td>
</tr>
<tr>
<td>Epinephrine 1:1000</td>
<td>30 mg/30 ml</td>
<td>1 vial</td>
</tr>
<tr>
<td>Epinephrine 1:10,000</td>
<td>1 mg/10 ml</td>
<td>2 pre-filled syringes</td>
</tr>
<tr>
<td>Naloxone</td>
<td>2 mg/2 ml</td>
<td>2 vials</td>
</tr>
<tr>
<td>Nitroglycerin</td>
<td>0.4 mg/tab</td>
<td>1 bottle</td>
</tr>
<tr>
<td>Sodium Chloride</td>
<td>20 ml</td>
<td>1 vial</td>
</tr>
<tr>
<td>Alcohol Pads</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Needle</td>
<td>21 g - 1.5 inch</td>
<td>4</td>
</tr>
<tr>
<td>Needle</td>
<td>18 g - 1.5 inch</td>
<td>4</td>
</tr>
<tr>
<td>Syringe</td>
<td>10 ml</td>
<td>4</td>
</tr>
<tr>
<td>Syringe</td>
<td>1 ml</td>
<td>4</td>
</tr>
</tbody>
</table>

**Controlled Substances Drug Box Contents**

<table>
<thead>
<tr>
<th>Drug/Item</th>
<th>Concentration</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midazolam</td>
<td>5mg/1ml</td>
<td>1ml Vial</td>
</tr>
<tr>
<td>Morphine</td>
<td>10 mg/1 ml</td>
<td>2 ampules</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>50 mcg/ml</td>
<td>3 ampules</td>
</tr>
</tbody>
</table>

### Drug Box Exchange:

1. During an event, all medications used by the team will be replaced from the responding ALS unit’s drug box.
2. The transporting ALS unit will use their opened drug box for any additional treatment the patient might need during the transport. The ALS unit will be responsible for documentation of drug use. Upon arrival at the hospital the ALS unit will follow the usual drug box exchange procedure for an ALS unit.
3. The paramedic Team will keep a daily log of all patients treated, drugs used and replaced from an ALS drug box.
4. At the end of the paramedic Team’s event, the drug box must be returned to the hospital pharmacy for update of its contents, seal and expiration date.

### IV Supplies:

1. The paramedic Team will appropriate IV supplies.
2. The paramedic Team will replace the used IV supplies with the transporting ALS unit, or at the hospital.
Bloodborne Pathogen Exposure Policy

Police, Fire or EMS personnel who, in the performance of their duty, sustain a needle stick, mucous membrane or open wound exposure to blood or other potentially infectious material (OPIM) may request, under Public Act 368 and 419, that the patient be tested for HIV/Hepatitis B and C surface antigen. The exposed individual shall make the request on a Michigan Department of Community Health Form. The exposed healthcare provider must go to the same hospital as the source patient.

The health facility that receives an exposure request from Police, Fire or EMS personnel shall accept as fact the description of their exposure to the patient’s blood or OPIM. The health care facility shall make the determination as to whether or not an exposure was a needle stick, mucous membrane or open wound pursuant to the Michigan Administrative Codes. Determination may occur in person, by phone or by appropriate personnel according to MIOSHA standards.

Exposure Testing:
1. An exposure sticker will be placed on the patient’s EMS Medical Report form and verbal notification given to the physician caring for the source patient.
2. A Physician determines if an exposure has occurred.
3. The exposed healthcare provider must complete a MDCH Form and give to the hospital attending emergency physician.
4. The hospital will test the patient for HIV/ Hepatitis B and C surface antigen. The test results will be disseminated to Police, Fire or EMS personnel within 1 hour for HIV and 48 hours for Hepatitis B and C after notification of the health facility. Notification will be released on positive or negative results to the individual specified on the MDCH Form.
5. The exposed individual will be referred to their respective department and MIOSHA Exposure Control Plan for follow-up, testing, logistics and counseling.

Exposures Where There is No patient (unknown Source Patient, Death, Patient left hospital prior to testing)
1. An exposure sticker will be placed on the patient’s EMS Medical report form and verbal notification given to the physician caring for the source patient (if known).
2. A health care professional determines whether an exposure has occurred. A health care professional is defined in above section.
3. MDCH Form is completed and given to the source patient’s emergency department (if known).
4. If the patient left prior to testing, the receiving hospital will attempt to contact the patient to initiate testing for HIV/ Hepatitis B and C surface antigen. If the patient agrees to be tested, refer to this policy, section “Exposure Testing”.

MCA Oakland County
MCA Board Approval Date: October 4, 2013
MDCH Approval Date: November 21, 2013
MCA Implementation Date: January 1, 2014
5. If the patient is unavailable for testing, the exposed individual may undergo testing outlined in their department’s MIOSHA Exposure Control Plan. The exposed individual’s department and designated testing facility shall be responsible for testing, logistic and counseling of their employee.

**Exposure Where The Patient is Declared Dead on The Scene.**

1. The EMS or Police agency on scene will notify the Oakland County Medical Examiner’s office that there is a first responder who has a suspected body fluid exposure from a patient who has been declared dead on scene. The Oakland Medical Examiner is requiring that this case be ordered into the office.
2. An exposure sticker will be placed on the patient’s EMS Medical report form and the EMS report will be forward to the Medical Examiner’s office.
3. A Physician determines if an exposure has occurred.
4. MDCH Form is completed and forward to Medical Examiner’s office.
5. The Medical Examiner’s office will initiate testing for HIV/ Hepatitis B and C surface antigen, in accordance with the Exposure Testing section of this policy.
6. If for some reason the patient’s blood was not drawn by the Medical Examiner’s Office for testing, the exposed individual may undergo testing outlined in their department’s MIOSHA Exposure Control Plan. The exposed Individual’s department and designated testing facility shall be responsible for, logistics and counseling of their employees.

In all cases, follow-up testing, logistics and counseling will be at the expense discretion of the exposed individual’s life support agency and respective exposure control plans.

**Treatment**

All treatment will be provided to exposed individuals according to the current Center for Disease Control (CDC) recommendations.
Cancellation/Downgrade of Call Policy

Purpose: To allow cancellation or downgrading of EMS vehicles responding to an EMS incident.

1. If information is received while en-route that the incident is not life threatening, the unit may use that information to alter the response accordingly.

2. No EMS vehicle shall be canceled, once a request for emergency assistance is received, unless one of the following occurs:
   a. A police/fire department unit reports that no person/accident can be found at the location, or
   b. Any licensed EMS personnel on the scene cancels the responding EMS vehicles.

MCL 333.20967 If an emergency has been declared, the declaration of an emergency no longer exists shall be made only by a licensed EMS provider or a licensed health professional who has training specific to the provision of emergency medical services in accordance with protocols established by the local medical control authority.

Note: For the purposes of this protocol, a situation in which injuries or illness have not been confirmed does not constitute an “emergency” (e.g., motor vehicle crash with unknown injuries).