

General Policy and Procedure  
**MFR, Basic and Advanced Life Support Units and Services**

All services and vehicles must be approved to function in the Washtenaw/Livingston Medical Control Authority (MCA). Approval may be granted by the Washtenaw/Livingston Medical Control Authority only after completion and submission of the necessary documentation, licensure and executed agreements as deemed necessary by the Washtenaw/Livingston Medical Control Authority. All services and vehicles must be approved and licensed by the Department (EMS). Failure to comply with the requirements as written will result in denial or revocation of approval to function within the Washtenaw/Livingston Medical Control Authority. Although new service application review will be conducted by the Medical Control Board (MCB), final approval for new services, significant geographic service area changes and significant service licensure level changes will be determined at the discretion of the Washtenaw/Livingston Medical Control Corporation (MCC).

**Procedure:**

Vehicles:

- A. All approved vehicles within the Washtenaw/Livingston Medical Control Authority will carry the required equipment and supplies as listed on the Department lists unless waived by the medical control authority with Department approval. The supplies and equipment shall be consistent with the license level of the unit. Additional supplies and equipment as deemed necessary by the Washtenaw/Livingston Medical Control Authority and reflected within the protocols shall also be carried on the units and shall be consistent with the license level of the unit.
- B. Life support agencies (LSAs) authorized to operate within the Washtenaw/Livingston Medical Control Authority will be based within a defined geographic area within the MCA on a 24 hour a day seven (7) day a week basis. All LSAs must have a defined primary geographic service area. The minimum service area for ALS, BLS and MFRs will be a municipality jurisdiction. MFR agencies may have a geographic service area defined by a business property (e.g. industrial plant MFR). The geographic service area is defined as the area where the service provides primary ALS emergency response. Only ambulance operations licensed at the advanced life support level will be permitted to operate within the MCA. Other proposals may be considered at the discretion of the EMS Medical Director, MCB and MCC.
- C. If any approved BLS or ALS unit becomes mechanically inoperative and a backup unit is not available, the EMS Medical Director must be notified. This notification is necessary to assure consistent coverage and availability of Emergency Medical Services within the Medical Control Authority. Notification should be made to the Washtenaw/Livingston Medical Control Authority Staff Office. An estimate of the downtime should also be provided. When the unit is returned to service, appropriate notification should again be made as above.

**MFR, Basic and Advanced Life Support Units and Services**

Services:

- A. Any service intending to provide MFR, BLS or ALS services within the Washtenaw/Livingston Medical Control Authority will be required to submit the appropriate application form(s) (Attachment A, B & C) to the Washtenaw/Livingston Medical Control Authority for review and approval. Form(s) are available in the Medical Control Authority office and must be requested in writing. In addition to the necessary forms, a checklist (Attachment B & C) of criteria relative to local certification procedures will be included. Services upgrading within the system must follow procedures approved by the Medical Control Board (Attachment C).
- B. The applying agency will complete and forward to the Washtenaw/Livingston Medical Control Authority office all forms required electronically and by certified mail or delivered in person. A non-refundable application fee approved by the Medical Control Authority is required. The application fee will accompany application to the Washtenaw/Livingston Medical Control Authority for new and upgrading services. The application fee will be in the form of a certified check payable to the Washtenaw/Livingston Medical Control Authority.
- C. Prior to submitting an application for implementation of service, the requesting agency will be required to meet with the Washtenaw/Livingston Medical Control EMS Medical Director or designee to review all necessary application procedures. Currently applicable protocols and application forms will be reviewed at this meeting.
- D. Once the requesting agency has completed step C, the requesting agency has 60 days to complete the application process and return all forms for review. Upon receipt of the application the EMS Medical Director will review the application and arrange a site visit of the agency. If the EMS Medical Director identifies and documents significant deficiencies in the application or in the site visit of the agency, the agency will be informed of these and will be required to return to step C. Failure to submit an application within 60 days will also require the agency to return to step C.
- E. Not less than sixty (60) days after receiving an acceptable application as determined by the EMS Medical Director review, the Washtenaw/Livingston Medical Control Board (MCB) will decide on local provisional approval. The EMS Medical Director may forward applications to the MCB at his/her discretion. If deficiencies are identified, applicant agencies will have 120 days from notification by the Medical Director or MCB to rectify deficiencies in their application. Provisional approval is only given once all deficiencies have been rectified as determined by review by the MCB. Provisional approval allows field personnel to participate in Washtenaw/Livingston County MCA procedure clearance and testing. Applicant agencies will have 60 days from notification of provisional approval by the MCB to complete minimum requirements for unit staffing as required by the MCA. Agencies upgrading within the system from MFR to BLS may test personnel prior to submitting an application.

**MFR, Basic and Advanced Life Support Units and Services**

- F. Once an agency indicate that they have met MCA requirements, the MCB will provide a final review of the application within 60 days. Acceptable actions include approval, denial, or notification of remaining deficiencies. For new services and for services with significant geographic service area or licensure changes to the ALS level, the Medical Control Corporation (MCC) will convene within 60 days of completion of MCA requirements to determine final MCA approval. Services whose application is denied by the MCB or MCC may not submit a new application for 120 days.
  
- G. All correspondence relating to a new service application decision points will be sent by certified mail. Appeal of decisions must be made according to the Due Process Administrative Policy 1-18.

**1-03b**

MCA Approved: 11/96; 06/00; 01/08  
Implemented: 11/97; 08/00; 09/08

**WASHTENAW/LIVINGSTON COUNTY MEDICAL CONTROL AUTHORITY**  
**Protocol 1-03 Attachment A**

**NEW SERVICE APPROVAL**  
**EMS APPLICATION FORM**

Date of Application: \_\_\_\_\_

Name of Service: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Please answer all the questions on page 2 completely and attach to the application.

\_\_\_\_\_  
Signature of Chief Executive Officer

The above signature expresses a willingness to comply with all Washtenaw/Livingston County Medical Control Authority protocols, procedures and directives. Misrepresentation of any item on the application will disqualify the service from certification consideration for a period of six months.

A non-refundable fee of **\$2,500** must accompany this application for ALS services and **\$1,000** for BLS services. Upgrade to BLS from MFR has no application fee. The application fee must be in the form of a certified check made payable to: Washtenaw/Livingston Medical Control Authority.

It must be mailed to:

Washtenaw/Livingston County Medical Control Authority  
P. O. Box 130448  
Ann Arbor, MI 48113-0448

**WASHTENAW/LIVINGSTON COUNTY MEDICAL CONTROL AUTHORITY**  
**Protocol 1-03 Attachment A, Page 2**

Please provide the following requested information

1. **SPECIFIC GEOGRAPHIC AREA:** Detail information outlining geographic location, city, township, etc. Please provide a contract or letter of intent from each municipality which you propose to service. For a transporting service, this letter must indicate that the proposed service will provide primary ALS emergency response service for the proposed area. Describe your plan for connection to your service area's 911 system.
2. **SPECIFIC ADDRESS AND/OR FACILITY LOCATION WHERE YOUR UNIT(S) WILL BE STATIONED WHEN NOT ON A RUN:** If your proposed unit(s) is not based within the municipality you wish to serve please explain how service will be provided to your proposed service area.
3. **TYPE OF SERVICE YOU WILL PROVIDE:** Transporting or non-transporting units. Pre-hospital only or Pre-hospital and inter-hospital care and at what level of service: MFR/BLS/ALS.
4. **DEPARTMENT LICENSED AMBULANCES TO BE USED IN WASHTENAW/LIVINGSTON MEDICAL CONTROL AUTHORITY:** Provide a list that includes license level, license number, VIN and transport capabilities. (Transport capability means that the unit is licensed as a transportation unit). If the service proposed will use new vehicles or vehicles not currently licensed in the Washtenaw/Livingston County Medical Control Authority, please submit appropriate paperwork to the MCA to complete this process. Service licensure will be signed once MCA Requirements for Medical Control Authority Sign Off of Michigan State Ambulance Licensure have been met (see attachment). Provisional approval will be given at the discretion of the MCA, based on satisfactory completion of the New Service Application, allowing field personnel to participate in Washtenaw/Livingston County MCA procedure clearance and testing.
5. **INSURANCE:** The agency must provide proof of professional liability insurance coverage to Washtenaw/Livingston Medical Control Authority. Coverage must be a minimum of two million dollars (\$2,000,000) per occurrence, 10 million umbrella.
6. **FIELD PERSONNEL:** List all personnel who have completed Washtenaw/Livingston Medical Control Authority training and certification requirements. There should be sufficient personnel listed at appropriate license levels to staff the number of units specified, on a twenty-four (24) hour-a-day, seven (7) day-a-week basis. The first unit requires six (6) fully cleared personnel. Provisional status for personnel is not available to a new service prior to approval (Protocol 1-15). Please include names, license level, license number, expiration date, ITLS (or equivalent) and ACLS expiration date.
7. **DISPATCH PROTOCOL:** Please explain how you plan to comply with dispatch protocol (Protocol I-7). Submit a system diagram of your communication system. Include frequencies and location of transmitters in dispatch center and include your back-up system.
8. **TRANSMIT AND RECEIVE CAPABILITY:** Please list all vehicular radio transmit and receive capability maintained by all of your units. Include frequency and CTCSS designation. Please include a letter of compliance with the Michigan EMS Medical Communications plan, for the planned service area, after review by Department communications consultant.
9. **MUTUAL AID AGREEMENTS:** List all mutual aid agreements and attach copies to your application.

**Protocol 1-03 Attachment A, Page 3**

10. **PROFESSIONAL STANDARDS REVIEW ORGANIZATION (PSRO) AND TRAINING:** Describe how the service will comply with Washtenaw/Livingston County MCA PSRO, personnel and training requirements.
11. **REFERENCES:** Provide a complete list of governmental agencies, facilities and organizations for which you have provided service in the last five (5) years and permission to contact them for references.
12. **OTHER CONSIDERATIONS:** Include at this point any factors you wish the Washtenaw/Livingston Medical Control Authority to consider when reviewing this application. For any proposed transporting service and for proposed non-transport service at the ALS level, describe the clinical need for the new service and its impact on the existing EMS care delivery system. Also see attached requirements for MCA sign off of MI State licensure document.

**ADDITIONAL INFORMATION**

**Per protocol 1-03a, Paragraph E: Once an application is received, the Medical Control Authority will decide on local provisional approval. Provisional approval allows field personnel to participate in the Washtenaw/Livingston MCA procedure clearance and testing. Prior to operation in the Washtenaw/Livingston MCA a service must complete the minimum requirements for at least one (1) vehicle. Once an application is approved, additional units may be added as needed, provided you meet the same standards as the first vehicle and staff personnel have met the testing requirements.**

Communications, procedures and protocols will meet criteria as established by the Department and Washtenaw/Livingston Medical Control Authority. Radio field testing will consist of the Medical Director, or his designee, doing an operational test of VHF and UHF communications capability within and about the requested geographic area of service. A typical test would be driving the perimeter of the geographic area of service and testing communications capability every mile, with a 90% success rate required for approval (Protocol V-1).

Services to Washtenaw/Livingston Medical Control Authority will be on a twenty-four (24) hour-a-day seven (7) day-a-week basis for at least one (1) unit (Protocol 1-3).

Prospective ALS/BLS/MFR service providers should submit the application in electronic format and provide a minimum of twenty-five (25) copies of their application to the Washtenaw/Livingston Medical Control Authority.

**Washtenaw/Livingston Medical Control Board**  
**Supplemental Questionnaire for Proposed Life Support Services**  
**Protocol 1-03 Attachment B**

1. What is proposed geographic service area?  
Provide a contract or letter of intent from each municipality that you propose to serve.  
Describe your plan for connection to your service area's 911 system.
2. Provide the specific address or facility location where your unit(s) will be stationed when not on a run.
3. What is the level of service proposed? ALS \_\_\_\_ BLS \_\_\_\_ MFR \_\_\_\_
- 3a. Will your unit(s) transport patients? Yes \_\_\_\_ No \_\_\_\_
- 3b. In addition to prehospital service, does your service plan to provide interfacility transports?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. List the vehicles to be used in service of the proposed area. Include license level, license number, VIN and transport capability (Transport capability means that the unit is licensed as a transportation unit).
5. Provide proof of professional liability insurance coverage.
6. Is this a request for provisional approval or licensure sign off approval? If the request is for licensure sign off approval, are sufficient licensed and Washtenaw/Livingston Medical Control Authority cleared personnel available to staff the proposed unit?  
Yes \_\_\_\_ No \_\_\_\_  
Please document the above. Provide a list of current personnel, including MDCH license numbers and expiration dates. List those personnel who have completed W/L MCA clearance.
7. Describe how your service will comply with the system dispatch protocol?  
Submit a system diagram of your communication system. Include frequencies and location of transmitters in dispatch center and include your back-up system.
8. List all vehicular transmit and receive capabilities. Include frequency and CTCSS designation.  
Please submit a letter of compliance with the Michigan EMS Medical Communication Plan, for the planned service area, after review by the Michigan EMS division communications consultant.
9. Have provisions been made for mutual aid agreements within the proposed service area, in the event back up is necessary? Yes \_\_\_\_ No \_\_\_\_  
If no, explain provisions for adequate back-up.  
If yes, with whom have these agreements been made? Attach these to your application.
10. Describe your services QI program.  
Who is in charge of QI for your service?  
Describe your services new personnel orientation program. How will your service comply with the W/L MCA PSRO, personnel and training requirements (protocol 1-15)?
11. What will be your projected maximum response time within this service area?
- 11a. What will be your projected average response time within this service area?  
What is the present average response time for your requested level of licensure in this service area?
- 11b. List all governmental agencies, facilities and organizations for which you have provided service in the last five years and permission to contact them for references.
- 11c. Has your agency made provisions for the continued maintenance of bio-medical communications/telemetry equipment? Yes \_\_\_\_ No \_\_\_\_
- 11d. Has your agency made provisions for the continued maintenance of the vehicle(s)?  
Yes \_\_\_\_ No \_\_\_\_
- 11e. Submit a copy of your State application at this time and upon completion.
- 11f. Include any additional documentation you feel necessary.

**Washtenaw/Livingston County Medical Control Authority  
Requirements for Medical Control Authority Sign Off of Michigan State Ambulance Licensure  
Protocol 1-03 Attachment C – Page 1**

**A) RENEWALS**

**1) ALS**

- a) Compliance with system personnel policy
  - 1) Monthly personnel updates to MCA staff
    - a) Personnel name and address
    - b) Date of hire
    - c) ACLS expiration date
    - d) ITLS or equivalent expiration date
  - 2) Cooperation with and enforcement of individual certification requirements
    - a) MCA test (ALS)
    - b) OR oral intubation clearance
    - c) Nasal intubation clearance
    - d) Inservice clearance for IO insertion and cricothyrotomy
    - e) Other certification requirements as approved by the MCA
- b) Compliance with system Professional Standards Review requirements
  - 1) Cardiac arrest reports
    - a) Forward to MCA staff monthly
  - 2) AED reports
    - a) AED reports forwarded to MCA staff
  - 3) Periodic Professional Standards Review reports
    - a) System Professional Standards Review Committee
    - b) Monthly run reports
      - 1) Number of runs
      - 2) Destination hospital distribution if applicable
      - 3) Response times
      - 4) Other reports as required by the MCA
    - c) D & E, Professional Standards Review and MCA approved research projects
  - c) Maintain geographic service area within the MCA

**Washtenaw/Livingston County Medical Control Authority**  
**Requirements for Medical Control Authority Sign Off of Michigan State Ambulance Licensure**  
**Protocol 1-03 Attachment C – Page 2**

**A) RENEWALS**

**3) BLS**

- a) Compliance with system personnel policy
  - 1) Monthly personnel updates to MCA staff
    - a) Personnel name and address
    - b) Date of hire
    - c) ITLS or equivalent expiration date
  - 2) Cooperation with and enforcement of individual certification requirements.
    - a) MCA test (BLS)
    - b) Other certification requirements as approved by the MCA
- b) Compliance with system Professional Standards Review requirements
  - 2) AED reports
    - a) Provide AED reports to supervising ALS Ambulance regularly weekly or promptly after AED call preferred
    - b) AED training updated per system and State requirements
  - 3) Periodic Professional Standards Review reports
    - a) System Professional Standards Review Committee
    - b) Monthly run reports
      - 1) Number of runs
      - 2) Destination hospital distribution if applicable
      - 3) Response times
      - 4) Other reports as required by the MCA
    - c) D & E, Professional Standards Review and MCA approved research projects
- c) Maintain geographic service area within the MCA

**A) RENEWALS**

**4) MFR**

- a) Compliance with system Professional Standards Review requirements
  - 1) MFR run reports
    - a) Complete MFR run reports for each patient contact
    - b) Provide copies available to the MCA upon request of the EMS Medical Director
  - 2) AED reports
    - a) Provide AED reports to supervising ALS Ambulance regularly - weekly or promptly after AED call preferred
    - b) AED training updated per system and State requirements
  - 3) Periodic Professional Standards Review reports
    - a) D & E, Professional Standards Review and MCA approved research projects
    - b) Other reports as required by the MCA

**Washtenaw/Livingston County Medical Control Authority**  
**Requirements for Medical Control Authority Sign Off of Michigan State Ambulance Licensure**  
**Protocol 1-03 Attachment C – Page 3**

**B) Upgrades within the EMS System**

All services upgrading within the system must complete the Washtenaw/Livingston County MCA new service application. They must also provide a plan for compliance with the following licensure level requirements. Services upgrading to the ALS level, changing geographic service area, or moving from non-transporting to transporting service must have approval of the MCC prior to licensure sign-off.

**1) ALS**

- a) Describe the clinical need for the upgrade and its impact on the existing EMS care delivery system. If a transporting service, provide contract or letter of intent from the proposed geographic service area for the provision of primary ALS response for that area.
- b) Compliance with system personnel policy
  - 1) List all personnel who have completed Washtenaw/Livingston Medical Control Authority training and certification requirements. There should be sufficient personnel listed at appropriate license levels to staff the number of units specified, on a twenty-four (24) hour-a-day, seven (7) day-a-week basis. The first unit requires six (6) fully cleared personnel. Provisional status for personnel is not available to an upgrading service prior to full approval (Protocol 1-15). Please include names, license level, license number, expiration date, ITLS (or equivalent) and ACLS expiration date. (see B.1.b.2. and 3. below and System protocol I-15 Testing, Certification and Recertification Procedures...)
    - a) If starting service with less than a full compliment of upgraded units, describe the process used to assure existing uncleared personnel will not work on the upgraded unit until MCA cleared
    - b) Provide plan (anticipated timetable) for full clearance if not completed by anticipated start of service date
    - c) Provide outline of and plan for inservice clearance for IO insertion, chest decompression and cricothyrotomy
  - 2) Monthly personnel updates to MCA staff
    - a) Personnel name and address
    - b) Date of hire
    - c) ACLS expiration date
    - d) ITLS or equivalent expiration date
  - 3) Cooperation with and enforcement of individual certification requirements. Additional costs incurred by the system during certification will be charged to the upgrading service.
    - a) MCA test (ALS)
    - b) OR oral intubation clearance
    - c) Nasal intubation clearance
    - d) Inservice clearance for IO insertion and cricothyrotomy
    - e) Other certification requirements as approved by the MCA

**Washtenaw/Livingston County Medical Control Authority**  
**Requirements for Medical Control Authority Sign Off of Michigan State Ambulance Licensure**  
**Protocol 1-03 Attachment C – Page 4**

- c) Compliance with system Professional Standards Review requirements
  - 1) Compliance with system requirements at previously approved level of service and a plan approved by the MCA for compliance at the upgraded service level
  - 2) Cardiac arrest reports
    - a) Forward to MCA staff monthly
  - 3) AED reports
    - a) AED reports forwarded to MCA staff monthly
  - 4) Periodic Professional Standards Review reports
    - a) System Professional Standards Review Committee
    - b) Monthly run reports
      - 1) Number of runs
      - 2) Destination hospital distribution if applicable
      - 3) Response times
      - 4) Other reports as required by the MCA
- c) D & E, Professional Standards Review and MCA approved research projects

**B) Upgrades within the EMS System**

All services upgrading within the system must complete the Washtenaw/Livingston County MCA new service application. They must also provide a plan for compliance with the following licensure level requirements. Services upgrading to the ALS level, changing geographic service area, or moving from non-transporting to transporting service must have approval of the MCC prior to licensure sign-off.

**3) BLS**

- a) Compliance with system personnel policy
  - 1) List all personnel who have completed Washtenaw/Livingston Medical Control Authority training and certification requirements. There should be sufficient personnel listed at appropriate license levels to staff the number of units specified, on a twenty-four (24) hour-a-day, seven (7) day-a-week basis. The first unit requires six (6) fully cleared personnel. Provisional status for personnel is not available to an upgrading service prior to full approval (Protocol 1-15). Please include names, license level, license number, expiration date, ITLS (or equivalent) expiration date. (see B.3.a.2. and 3. below and system protocol 1-15 Testing, Certification and Recertification Procedures...)
    - a) If starting service with less than a full compliment of upgraded units, describe the process used to assure existing uncleared personnel will not work on the upgraded unit until MCA cleared
    - b) Provide plan (anticipated timetable) for full clearance if not completed by anticipated start of service date
  - 2) Monthly personnel updates to MCA staff
    - a) Personnel name and address
    - b) Date of hire
    - c) ITLS or equivalent expiration date

**Washtenaw/Livingston County Medical Control Authority**  
**Requirements for Medical Control Authority Sign Off of Michigan State Ambulance Licensure**  
**Protocol 1-03 Attachment C – Page 5**

- 3) Cooperation with and enforcement of individual certification requirements.  
Additional costs incurred by the system during certification will be charged to the upgrading service.
  - a) MCA test (BLS)
  - b) Other certification requirements as approved by the MCA
- b) Compliance with system Professional Standards Review requirements
  - 1) Compliance with system requirements at previously approved level of service and a plan approved by the MCA for compliance at the upgraded service level.
  - 2) AED reports
    - a) Provide AED reports to supervising ALS ambulance regularly - weekly or promptly after AED call preferred
    - b) AED training updated per system and State requirements
  - 3) Periodic Professional Standards Review reports
    - a) System Professional Standards Review Committee
    - b) Monthly run reports
      - 1) Number of runs
      - 2) Destination hospital distribution if applicable
      - 3) Response times
      - 4) Other reports as required by the MCA
    - c) D & E, Professional Standards Review and MCA approved research projects

**Washtenaw/Livingston County Medical Control Authority**  
**Requirements for Medical Control Authority Sign Off of Michigan State Ambulance Licensure**  
**Protocol 1-03 Attachment C – Page 6**

**C) New EMS Services**

All new services must complete the Washtenaw/Livingston County MCA new service application. They must also provide a plan for compliance with the following licensure level requirements. New services must have approval of the MCC prior to licensure sign-off.

**1) ALS**

- a) Describe the clinical need for the new service and its impact on the existing EMS care delivery system. If a transporting service, provide contract or letter of intent from the proposed geographic service area for the provision of primary ALS response for that area.
- b) Compliance with system personnel policy
  - 1) List all personnel who have completed Washtenaw/Livingston Medical Control Authority training and certification requirements. There should be sufficient personnel listed at appropriate license levels to staff the number of units specified, on a twenty-four (24) hour-a-day, seven (7) day-a-week basis. The first unit requires six (6) fully cleared personnel. Provisional status for personnel is not available to a new service prior to full approval (Protocol 1-15). Please include names, license level, license number, expiration date, ITLS (or equivalent) and ACLS expiration date. (see C.1.b.2. and 3. below and system protocol 1-15 Testing, Certification and Recertification Procedures...)
    - a) If starting service with less than a full compliment of new units, describe the process used to assure existing uncleared personnel will not work on the new unit until MCA cleared
    - b) Provide plan (anticipated timetable) for full clearance if not completed by anticipated start of service date
    - c) Provide outline of and plan for inservice clearance for IO insertion, chest decompression and cricothyrotomy
  - 2) Monthly personnel updates to MCA staff
    - a) Personnel name and address
    - b) Date of hire
    - c) ACLS expiration date
    - d) ITLS or equivalent expiration date
  - 3) Cooperation with and enforcement of individual certification requirements. Additional costs incurred by the system during certification will be charged to the new service. Provide plan to assure timely completion of the following for new personnel:
    - a) MCA test (ALS)
    - b) OR oral intubation clearance
    - c) Nasal intubation clearance
    - d) Inservice clearance for IO insertion and cricothyrotomy
    - e) Other certification requirements as approved by the MCA

**Washtenaw/Livingston County Medical Control Authority**  
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- c) Compliance with system Professional Standards Review requirements  
Each new service must provide a plan for compliance with the following periodic Professional Standards Review reports:
  - 1) Cardiac arrest reports
    - a) Forward to MCA staff monthly
  - 2) AED reports
    - a) AED reports forwarded to MCA staff monthly
  - 3) Periodic Professional Standards Review reports
    - a) System Professional Standards Review Committee
    - b) Monthly run reports
      - 1) Number of runs
      - 2) Destination hospital distribution if applicable
      - 3) Response times
      - 4) Other reports as required by the MCA
  - c) D & E, Professional Standards Review and MCA approved research projects

**C) New EMS Services**

All new services must complete the Washtenaw/Livingston County MCA new service application. They must also provide a plan for compliance with the following licensure level requirements. New services must have approval of the MCC prior to licensure sign-off.

**3) BLS**

- a) Describe the clinical need for the new service and its impact on the existing EMS care delivery system. If a transporting service, provide contract or letter of intent from the proposed geographic service area for the provision of primary ALS response for that area.
- b) Compliance with system personnel policy
  - 1) List all personnel who have completed Washtenaw/Livingston Medical Control Authority training and certification requirements. There should be sufficient personnel listed at appropriate license levels to staff the number of units specified, on a twenty-four (24) hour-a-day, seven (7) day-a-week basis. The first unit requires six (6) fully cleared personnel. Provisional status for personnel is not available to a new service prior to full approval (Protocol 1-15). Please include names, license level, license number, expiration date, ITLS (or equivalent) expiration date. (see C.3.a.2. and 3. below and system protocol 1-15 Testing, Certification and Recertification Procedures...)
    - a) If starting service with less than a full compliment of new units, describe the process used to assure existing uncleared personnel will not work on the new unit(s) until MCA cleared
    - b) Provide plan (anticipated timetable) for full clearance if not completed by anticipated start of service date

**Washtenaw/Livingston County Medical Control Authority**  
**Requirements for Medical Control Authority Sign Off of Michigan State Ambulance Licensure**  
**Protocol 1-03 Attachment C – Page 8**

- 2) Monthly personnel updates to MCA staff
  - a) Personnel name and address
  - b) Date of hire
  - c) ITLS or equivalent expiration date
- 3) Cooperation with and enforcement of individual certification requirements. Additional costs incurred by the system during certification will be charged to the new service. Provide plan to assure timely completion of the following for new personnel:
  - a) MCA test (BLS)
  - b) Other certification requirements as approved by the MCA
- c) Compliance with system Professional Standards Review requirements  
Each new service must provide a plan for compliance with the following periodic Professional Standards Review reports:
  - 1) AED reports
    - a) Provide AED reports to supervising ALS Ambulance regularly - weekly or promptly after AED call preferred
    - b) AED training updated per system and State requirements
  - 2) Periodic Professional Standards Review reports
    - a) System Professional Standards Review Committee
    - b) Monthly run reports
      - 1) Number of runs
      - 2) Destination hospital distribution if applicable
      - 3) Response times
      - 4) Other reports as required by the MCA
  - c) D & E, Professional Standards Review and MCA approved research projects

**C) New EMS Services**

All new services must complete the Washtenaw/Livingston County MCA new service application. They must also provide a plan for compliance with the following licensure level requirements. New services must have approval of the MCC prior to licensure sign-off.

**4) MFR**

Each new MFR service must provide a plan for compliance with the following system requirements:

- a) Describe the clinical need for the new service and its impact on the existing EMS care delivery system. Provide contract or letter of intent from the proposed geographic service area for the provision of primary MFR response for that area.
- b) Compliance with system Professional Standards Review requirements
  - 1) MFR run reports
    - a) Complete MFR run reports for each patient contact
    - b) Provide copies available to the MCA upon request of the EMS Medical Director

**Washtenaw/Livingston County Medical Control Authority  
Requirements for Medical Control Authority Sign Off of Michigan State Ambulance Licensure  
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- 2) AED reports
  - a) Provide AED reports to MCA Office regularly - weekly or promptly after AED call preferred
  - b) AED training updated per system and State requirements
- 3) Periodic Professional Standards Review reports
  - a) D & E, Professional Standards Review and MCA approved research projects
  - b) Other reports as required by the MCA