



**St. Clair County MCA
System Protocol**

By – Laws – Standing Committees and Subcommittees

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108.1 Medical Control Advisory Council.

108.1.1 Functions. The Authority Board shall appoint a committee which shall be referred to as the “Medical Control Advisory Council” or the “Advisory Council.” The Advisory Council shall serve as the advisory body required by MCLA 333.20918(2). The Advisory Council shall regularly make recommendations to the Authority Board regarding protocols and the Authority’s performance of its responsibilities as the designated Medical Control Authority for St. Clair County. The Advisory Council shall review each report and recommendation it receives from the Protocol & Therapeutics, Training and Education, and Communications and shall forward all subcommittee reports and recommendations to the Authority Board on a timely basis, along with the Advisory Council’s own recommendations on the subject. This committee shall review all applications for initial licensure and annual relicensure applications of life support agencies that function or seek to function in St. Clair County, as well as the proposed changes to such a license or to the geographic area served by such a life support agency.

108.1.2 Composition. The Advisory Council shall consist of the following:

- (3) E.R. Physicians (one from each participating hospital)
- (1) Medical First Responder Agency
- (1) Communications Center Representative
- (1) Pharmacy (Licensed Pharmacist)
- (1) Instructor Coordinator
- (3) Nursing (E.R. Nurse)
- (1) Office of Emergency Management
- (3) Advanced Life Support Agencies (Paramedic)
- (1) Basic Life Support Agency
- (1) EMT
- (1) EMT Specialist
- (1) MFR
- (1) Citizen



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108.1.3 Selection. The Authority Board shall appoint the members Of the Advisory Council to three-year terms. An Advisory Council member may be reappointed for any number of successive terms. Vacancies on the Advisory Council shall be filled by the Authority Board. The new member of the Advisory Council appointed to fill a vacancy shall serve for the remainder of the term. Any member of the Advisory Council may be removed from that position by action of the Authority Board.

108.1.4 Meetings. The Advisory Council shall hold regular meetings as deemed necessary by the Advisory Council but no less than quarterly, at locations designated by the Advisory Council’s Chair. Special meetings of the Advisory Council shall be called by the Chair at the request of two or more Advisory Council members. The Chair shall call a special meeting at the request of the Authority Board.

108.1.5 Chair and Vice Chair. The Advisory Council shall have a Chair and a Vice Chair, whose duties shall be as follows:

- (i) **Chair.** The Chair shall be the Medical Director who is appointed by the Authority Board. The Chair shall preside at all meetings of the Advisory Council and shall do and perform such other duties as may be assigned by the Advisory Council or Authority Board.
- (ii) **Vice Chair.** The Vice Chair shall be a member of the Advisory Council who is nominated by the Advisory Council and appointed by the Authority Board. The Vice Chair, at the request of the Chair or in the event of the Chair’s absence, shall perform the duties of the Chair. The Vice Chair shall perform other duties as assigned by the Chair.



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108.2 Professional Standards Review Organization.

108.2.1 Functions. The PSRO shall be responsible for organization, implementation and coordination of the Authorities' quality improvement programs for the purpose of improving quality emergency medical care. This committee is responsible for the comprehensive review of all pre-hospital care and any incident reports regarding pre-hospital or participating hospital care. The Committee shall report to the EMS Medical Director and the Authority Board any matters that require action (including a life support agency's action plan). The committee shall also make quarterly and annual reports to the Authority Board regarding the committee's quality review of life support agencies.

108.2.2 Composition. The PSRO shall be composed of one physician member from each Participating Emergency Facility, three representatives from Advanced Life Support Agencies (Ambulance Operations), one BLS agency representative and one EMT Specialist representative who shall be appointed by the Authority Board. The Chair of the PSRO will be nominated by the EMS Medical Director and appointed by the Authority Board from among the PSRO's members.

108.2.3 Meetings. The PSRO shall meet on a bi-monthly basis or as deemed necessary by the Chair. A majority of committee members (including at least one physician) shall constitute a quorum.

Confidentiality of Information. All information, records, data, and knowledge collected by or for individuals or bodies assigned professional practice review functions shall be confidential, shall be used only for the carrying out of such functions, shall not be public records and shall be entitled to such nonavailability for court subpoena and other benefits as may be afforded under the provisions of Act 368 of the Public Acts of 1978, Act 270 of the Public Acts of 1967 (including Section 20919(1)(g)), and Administrative Rule 325.22213, as amended.

108.3 Protocol & Therapeutics Subcommittee

108.3.1 Functions. The Protocol & Therapeutics Subcommittee shall advise the Authority Board (through the Advisory Council) on current EMS standards of care, and shall review, recommend, and comment on medical control protocols, medications, policies, and procedures.



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108.3.2 Composition. The EMS Medical Director shall be an ex-officio voting member of the Protocol & Therapeutics subcommittee. The remaining members shall be appointed by the Authority Board and shall consist of one emergency physician, three emergency room nurses, one pharmacist, four Advanced Life Support Agency (Paramedic), one licensed EMT Basic, one licensed EMT Specialist, and one Medical First Responder.

108.3.3 Meeting. The subcommittee shall meet at least quarterly. A majority of the Subcommittee shall constitute a quorum, three of whom shall be emergency physicians.

108.4 Communications Subcommittee.

108.4.1 Functions. The Communications Subcommittee shall report to the Advisory Council. This Subcommittee shall advise the Authority Board (through the Advisory Council) concerning all aspects of EMS communications, including radio, telephone 911, and dispatch.

108.4.2 Composition. The subcommittee shall include dispatch, PSAP 911, Paramedic, EMT Specialist, and emergency medical technician representatives. Each participating Emergency Facility may nominate its representative to serve on this subcommittee.

108.5 Training & Education Subcommittee.

108.5.1 Functions. The Training & Education Subcommittee reports to the Advisory Council. This Subcommittee develops appropriate training standards for personnel providing emergency medical services pursuant to the Protocols.

108.5.2 Composition. The subcommittee shall include one representative from each Participating Emergency Facility, one paramedic, one EMT Basic, one EMT Specialist, one medical first responder, one physician, and at least one EMT Instructor/Coordinator.

108.5.3 Meetings. The subcommittee shall meet quarterly or as deemed necessary by the Chair.