



Initial Date: 01/09/2024
Revised: 03/19/2026

SCCMCA
SYSTEM PROTOCOL
RESPONSIBILITIES OF THE PARTICIPANTS IN THE
MCA SYSTEM

Section: 8-18

Responsibilities of the Participants in the Medical Control Authority System

Purpose:

This protocol defines the responsibilities of each administrative segment of the Medical Control Authority (MCA) system. These segments include the Medical Control Authority itself; the hospitals and freestanding emergency departments (FSED) providing on-line medical direction; and the EMS agencies providing direct EMS services to the public.

I. Responsibilities of the Medical Control Authority

- A. The MCA shall be responsible for the adoption of minimum standards, policies, protocols, operational procedures; and to take whatever other action that may be necessary for the provision of a quality, effective emergency medical services system which meets the emergency health needs of the citizens of the County. The Medical Control Authority is responsible for providing medical oversight for EMS. Hospitals are responsible for administering the Medical Control Authority.
- B. The Medical Control Authority will issue protocols, with Department approval, as defined by Part 209 of P.A. 368 of 1978, as amended, that reflect current medical practice and address issues as necessary to assure quality pre-hospital patient care.
- C. In cooperation with the EMS agencies, the Medical Control Authority will coordinate training to implement protocols not included in initial EMS education.
- D. Ensure that all significantly affected parties in the MCA will have sixty-days' notice for protocol changes (aside from emergency protocols).
- E. The Medical Control Authority will establish a Professional Standards Review Organization (PSRO).
 - i. PSRO will implement a system wide Continuous Quality Improvement program.
 - ii. PSRO will have a procedure for issuing notices of noncompliance and for conducting informal hearing when such notices are appealed.
 - iii. PSRO will provide an impartial, fair, and medically appropriate peer review process.
- F. The Medical Control Authority will forward to the Department within (1) business day any ODA issued to a licensee that restricts their ability to practice (i.e., suspension or revocation of MCA privileges)
- G. Support the development of mutual aid agreements between local life support agencies.
- H. Designate a facility which shall be responsible for maintaining records of all communication activities for prehospital life support units.
- I. Assure conformance by all participating agencies within the EMS system with the State MEDCOM plan.
- J. The MCA shall maintain the procedure for elective withdrawal and



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- restoration of hospital cooperation with life support agencies to assure compliance with minimum standards of medical care, protocols and operational procedures or to protect the public health, safety or welfare.
- K. The MCA will develop the procedures for pharmaceutical and medical supply services for life support agencies for security, control, and exchange.
- II. **Responsibilities of Participating Hospitals and Free Standing Emergency Departments (FSED) Providing On-Line Medical Direction**
- A. A hospital or FSED within the Medical Control Authority system providing on-line medical direction to EMS providers will assure that any physician or physician designee authorized to providing such direction:
 - i. Has access to the current MCA approved protocols
 - ii. Provides medical direction consistent with MCA approved protocols.
 - B. Each hospital or FSED providing on-line medical direction will encourage the participation of a representative of its Emergency Department physician staff with the Medical Control Authority.
 - C. Hospitals or FSEDs will promptly inform their Emergency Department physicians and staff of Medical Control Authority policy and protocol changes.
- III. **Responsibilities of EMS Agencies**
- A. Agencies will operate under the Medical Control Authority and comply with Department approved protocols.
 - B. Agencies will follow the **Ambulance Operations Rules Protocol**
 - C. Assure only persons currently authorized to do so by the MCA will provide pre-hospital patient care.
 - D. Each EMS agency will assure that their personnel have current training and certifications as required by **Medical Control Privileges Protocol**.
 - E. Each EMS agency will immediately notify the Medical Control Authority and the Department if the EMS agency is unable to provide staffing at the level required by its state license.
 - F. Licensed EMS vehicles will be equipped with all Medical Control Authority required equipment, if applicable, in addition to that equipment required by the State of Michigan.
 - G. EMS agencies will promptly inform their EMS personnel of Medical Control Authority policy and protocol changes.
 - H. EMS Agencies will provide an annual listing of EMS personnel. This listing shall note the license and Medical Control Authority authorization status of each individual.
 - I. If an employee of an EMS agency is found to be in violation of a Medical Control Authority protocol, the EMS agency will cooperate with the Medical Control Authority in addressing the violation and taking corrective measures.
 - J. Assure training and competency of personnel in the case of new or expanding department approved protocols.



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K. MFR and BLS Agencies who perform Epi-Draw Up procedures will be required to submit their bi-annual training rosters to the Medical Control Office for annual agency renewal purposes. If an actively licensed Paramedic is rostered with the MFR or BLS agency and has been granted privileges to function as a Paramedic in St. Clair County, they will not be required to complete the Epi-Draw Up training, as medication administration is within their scope of practice. It is up to the LSA to identify these individuals and ensure they are actively working for an ALS agency as a Paramedic.

IV. Cooperating Hospital Responsibilities

- A. A hospital wishing to serve as a cooperating hospital to a life support agency shall notify the Medical Control Authority of such intent and shall comply with the following:
- i. Meet all standards and criteria established by Act 368, as amended, and rules and regulations promulgated by the Department.
 - ii. Provide the MCA evidence of designation.
 - iii. Participate and support the MCA and the Medical Director in the promulgation of medical control as required in the EMS rules.
 - iv. Staff an emergency department 24 hours per day, 7 days a week with a physician.
 - v. Be capable of receiving verbal communications with an advanced life support unit at the scene of an emergency in accordance with the state Medcom plan.
 - vi. Designate a licensed pharmacist to be responsible for the control, placement, and replacement of drugs, intravenous solutions, hypodermic syringes, hypodermic needles and intravenous needles utilized by an advanced or limited advanced mobile emergency care service.
 - vii. Encourage participation in continuing education programs for licensed emergency medical services personnel.
 - viii. Agree to support, as may be determined on a cost sharing basis, reasonable and required expenses of the EMS system.
 - ix. Submit a letter of endorsement to the Medical Control Authority to support and comply with the minimum standards of medical care, protocols and operational procedures adopted by said board.
- B. Radio and Telecommunications Requirements
- i. Maintain a current copy of the Medcom plan on hand at all times.
 - ii. All radio communications systems and components operating on Medcom frequencies shall be consistent with all applicable statutes, rules and specifications relating to the State Medcom plan.
 - iii. All frequencies, code access numbers, and other designations shall be assigned by Michigan Department of Health and Human Services



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pursuant to the Medcom plan. Deviations from such assignments shall not be made without prior authorization of Michigan Department of Health and Human Services.

- iv. A radio base station operating on Medcom frequencies shall not radiate more power than the minimum required for satisfactory technical operations commensurate with the size of the area to be served and local conditions which affect radio transmission and reception. In cases of harmful interference, the Michigan Department of Health and Human Services may require that application be made to the Federal Communications commission for a change in power or antenna height, or both.
- v. All radio systems and components operating in the Medcom system shall be maintained in good operating condition and shall be regularly tested for proper performance by technical personnel who are licensed in accordance with Federal Communications Commission rules and regulations.
- vi. Federal Communications Commission and Medcom radio operation procedures, unit identification numbers, and message content guidelines shall be utilized in all radio transmissions in support of emergency medical services on Medcom frequencies.

C. Representation of Designation

- i. A person shall not represent a hospital emergency centers' designation as other than that authorized by the Department.

V. Accountability

- A. The Department designates the Medical Control Authority for a specific geographic area. As such, the Medical Control Authority is accountable to the Department in the performance of its duties.
- B. The hospitals and possibly the FSEDs within the Medical Control Authority system collectively administer this Medical Control Authority. Each individual hospital and FSED that receives emergency patients by ambulance is accountable to the Medical Control Authority to meet the responsibilities listed above. Failure to meet those responsibilities may result in a termination of the ability of a hospital or FSED to provide on-line medical direction or receive emergency patients (by ambulance).
- C. EMS agencies within the Medical Control Authority system are accountable to the MCA, as detailed and defined in protocol. Failure to comply with approved protocols may result in sanctions against that EMS agency.