STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MICHIGAN EMS COORDINATION COMMITTEE MEETING
Friday, March 17, 2023
9:30 a.m.
BUREAU OF EMERGENCY PREPAREDNESS, EMS and SYSTEMS OF CARE
1001 TERMINAL ROAD
LANSING, MI 48906
Click here to join the meeting
1 248-509-0316 Phone Conference ID: 789 993 446#

AGENDA

Call to Order:
Roll Call:
Approval of Agenda:
Approval of Minutes:
Announcements:
Reminders of upcoming educational opportunities:

Public Comment on Agenda Items:

Old Business & Committee Reports:
EMS Systems/Strategic Planning Update – E. Bergquist
- Paramedic Preparedness Program Update – T. Godde.

Emergency Preparedness Update – Dr. Edwards
Systems of Care Report – E. Worden
State 911 Administrator Report – J. Harvey
EMS Medical Director Report – Dr. Fales

Committee Reports:
- Quality Assurance – Dr. Edwards
  - Protocol Update – K. Kuhl
- Ambulance Operations – M. Nye
  - Equipment list changes
- Medical Control Authority – D. Condino
- Patient Movement Ad Hoc – D. Condino
- Ethics and Compliance – K. Cummings
- Education – K. Wilkinson
  - CE for performance expansion

- Bylaws – B. Trevithick
    - EMSCC Bylaws
    - Member Slate for Communications
- Data – B. Kincaid
- Legislative – B. Trevithick
- Rural – G. Wadaga
- Pediatric Emergency Medicine – S. Mishra
- Air Medical – K. Wilkinson
- EMS Safety – E. Bergquist – No update.
- Critical Care Ad Hoc – E. Bergquist – No update.
- Communications – Still in process.

Recruitment and Retention Work Group – K. Cummings/E. Bergquist

- Workforce Assessment
- Grant Update

Community Integrated Paramedicine (CIP) – K. Kuhl – No update.

- Draft Language for Review-still in process

New Business:

Public Comment:

Membership Round Table Report:

Adjournment:

NEXT MEETING: *May 19, 2023.*

NOTE: The chair requests that all phones and pagers be turned off or placed in silent mode during meetings.
NOTE: Per the EMSCC Bylaws, public comment is limited to three minutes.

TELECONFERENCE INFORMATION:

Click here to join the meeting

1 248-509-0316 Phone Conference ID: 789 993 446#

- To reach out to a specific member with questions or concerns prior to the meeting, please email MDHHS-MichiganEMS@michigan.gov and your question will be relayed.
- Meetings will be recorded per the Open Meetings Act (PA 267 of 1976).

Required Equipment Change Summary

AIRWAY

CPAP mandatory for BLS, LALS, ALS

- Should specify to include small (pediatric) sizes.

End Tidal CO2 Detection

- Must fit adult and pediatric sizes. Capnography required for ALS and LALS.
- Nasal Canula capnography required for ALS and LALS.
- Capnometry required for BLS. BLS Capnography will be MCA, and agency optional.

Pulse O2 and capnometry If MFR has i-gel®.

TRAUMA BANDAGING

Include MFR in hemostatic agent, per MCA protocol.

IV REQUIREMENTS

"14 Gauge Needle at Least Three Inches or Commercial Device for Pleural Decompression."

- Change to "*14 Gauge Needle at Least Three and a half Inches or Commercial Device for Pleural Decompression*".

"IV Fluids: 3 Liters of Crystalloid Solution"

- Change to "*IV Fluids: NS (1) and Crystalloid Solution (2)*".

"Injection Supplies - Sizes Suitable for Pediatrics and Adults" item on MFR and BLS

- Change to "*IM Needles - Sizes Suitable for Pediatric and Adult Patients*" to match wording for other levels.

MEDICATIONS

MFR and BLS - "Medications (Secured)"

- Change to "Drug Package in Climate Controlled Area", "Drug Package Secured", "Drug Package Sealed" to match other levels.

If MFRs are using glucometers, then oral glucose will be required.

CARDIAC MONITOR/DEFIBRILLATOR

Add "Defibrillation pads (2 sets)" to MFR.

MISC PATIENT

Change "Child Restraint System-Size Appropriate (1)" to "Ambulance Child Restraint system (1)".

Add "Mechanical CPR device". Wil be MCA optional.

Number: BETP20230306-04351

Inspector: Derek Flory

Date: Mar 6, 2023

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
P.O. Box 30207
Lansing, Michigan 48909-0207
Phone: (517) 241-3025
Fax: (517) 335-9434
Email: MDHHS-MichiganEMS@michigan.gov
Website: www.michigan.gov/ems

10111804
Expiration Date:

Vehicle Call Sign:
LALS-Marine

Vehicle Unit Number:
13

MFR Vehicle Critical Equipment

Agency Information

***Name of Agency:**
Sample

***Type of Inspection:**
Sample

***License Plate Number:**
Sample

Vehicle Requirements

No.	Item			
1	Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR)	C	NC	NR
2	External Warning System: Visual & Audio – Must be Operational	C	NC	NR
3	Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1)	C	NC	NR
4	Flares or Equivalent Device (3)	C	NC	NR
5	Vehicle Starts/Runs	C	NC	NR

Airway

No.	Item			
6	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (= or >1000 ml) (1 each)	C	NC	NR
7	Nasal Cannulas: Adult and Pediatric (1 each)	C	NC	NR
8	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C	NC	NR
9	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C	NC	NR

10	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C NC NR
11	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C NC NR
12	Suction Portable (Can be manually powered)	C NC NR
13	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.	C NC NR

Trauma - Bandaging

No.	Item	
14	Arterial Tourniquet (commercial) (1)	C NC NR
15	Bandages - Triangular (4)	C NC NR
16	Band-Aids (assortment)	C NC NR
17	Burn Sheets - Sterile (2)	C NC NR
18	Dressing: Large Sterile Trauma (1)	C NC NR
19	Dressing - Occlusive: Sterile (aluminum foil, saturated gauze, etc.) (1)	C NC NR
20	Gauze Bandages: Rolled (6)	C NC NR
21	Gauze Pads - 4" x 4" Sterile (12)	C NC NR
22	Scissors - Bandage/Trauma (1 pair)	C NC NR
23	Tape: Hypoallergenic (1 roll)	C NC NR

Trauma - Splinting

No.	Item	
24	Cervical Immobilizers: Infant, Child, Adult (2 each)	C NC NR
25	Head Immobilization Device (1) - Firm Padding or Commercial Device	C NC NR
26	Long Spine Immobilization Device (1) - Rigid Support	C NC NR
27	Short Spine Immobilization Device (1) - Rigid Support - If using a hardboard must have a dedicated set of straps.	C NC NR
28	Rigid Splints - Short, Medium, and Long (Long must be at least 36 Inches each) (2 each)	C NC NR
29	Traction Splinting Device (1)	C NC NR

Defibrillator

No.	Item	
30	Defibrillation Pads (2 sets)	C NC NR

31	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C NC NR

Miscellaneous - PPE & Other

No.	Item	
32	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C NC NR
33	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C NC NR
34	Documentation Tools (Pens, Tablet, Run Forms)	C NC NR
35	Flashlight (1)	C NC NR
36	Gloves Non-Latex (1 Box or Pouch of Each Size)	C NC NR
37	HEPA Respirator or N-95 Masks (One for each crew member)	C NC NR
38	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver)	C NC NR
39	Ensure that each individual operating a licensed life support vehicle during an emergency has access to all applicable protocols for each medical control authority for which they are operating under unless provided by policy in an agency inspection.	C NC NR
40	Reflective Safety Wear for each Crewmember	C NC NR

Miscellaneous - Patient

No.	Item	
41	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C NC NR
42	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C NC NR
43	Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter)	C NC NR
44	Cold Packs (2)	C NC NR
45	Emesis Container (1)	C NC NR
46	Heat Packs (2)	C NC NR
47	Infant Thermal Cap (1)	C NC NR
48	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C NC NR
49	Soft Restraints (May be cravats) (4)	C NC NR

50	Stethoscope (1)	C NC NR
51	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C NC NR
52	Towels (Adequate size for padding) (2)	C NC NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns:

MCA Approved Critical Equipment

MCA Approved Equipment

No.	Item	
53	Capnometry - Must Fit Adult and Pediatric Sizes	C NC NR
54	Drug Package in Climate Controlled Area	C NC NR
55	Drug Package Secured	C NC NR
56	Drug Package Sealed	C NC NR

***Hospital Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

57	Drug Package That is not Expired	C NC NR
58	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C NC NR
59	Hemostatic Agent, FDA and MCA Approved (1)	C NC NR
60	i-Gel TM Supraglottic Airway with End Tidal CO2 Detection, Either Quanitative Capnography or Colorimetric - Adult (1)	C NC NR
61	Impedance Threshold Device (1)	C NC NR
62	Injection Supplies - Sizes Suitable for Pediatrics and Adults	C NC NR
63	Mechanicle CPR Device	C NC NR

***Manufacturer and Serial Number**

Sample

64	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C NC NR
65	Oral Glucose Solution (1)	C NC NR
66	Pelvic Binder (Commercially Approved FDA Device) (1)	C NC NR

67	Pulse Oximeter with Pediatric & Adult Capability (1)	C	NC	NR
68	Sharps Container (Portable) (1)	C	NC	NR
69	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C	NC	NR
70	Tube Holder (1)	C	NC	NR

Instructions and Signature

Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance. If the life support vehicle is not brought into compliance within that time period, the vehicle will be taken out of service. The life support agency shall demonstrate to the department, in writing, when the vehicle has been brought into compliance. A re-inspection may occur after the vehicle corrections are made within 15 days of notification.

- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.

- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: FloryD@michigan.gov

Fax: 517-335-9434

Signature

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

Comments:

Passed

Total: 0 deficiencies of 70 items

Responsible Party Signoff

*

***First Name:**

Sample

***Last Name:**

Sample

Certification Number:

Number: BETP20230306-04346

Inspector: Derek Flory

Date: Mar 6, 2023

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
P.O. Box 30207
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Website: www.michigan.gov/ems

10111805
Expiration Date:

Vehicle Call Sign:
7

Vehicle Unit Number:
7

BLS Vehicle Critical Equipment

Agency Information

***Name of Agency:**
Sample

***Type of Inspection:**
Sample

***License Plate:**
Sample

Vehicle Requirements

No.	Item			
1	Access for Loading and Unloading Patient in Supine Position	C	NC	NR
2	Ambulance Cot with Straps and Means of Securing Cot	C	NC	NR
3	Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR)	C	NC	NR
4	External Warning System: Visual & Audio – Must be Operational	C	NC	NR
5	Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1)	C	NC	NR
6	Flares or Equivalent Device (3)	C	NC	NR
7	Patient Compartment: Climate and Lighting Must Be Maintained Within Vehicle Standards	C	NC	NR
8	Vehicle Starts/Runs	C	NC	NR

Airway

No.	Item			
9	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (= or >1000 ml) (1 each)	C	NC	NR

10	Capnometry - Must Fit Adult and Pediatric Sizes	C NC NR
11	CPAP - Adult and Pediatric Sizes	C NC NR
12	Nasal Cannulas: Adult and Pediatric (1 each)	C NC NR
13	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C NC NR
14	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C NC NR
15	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C NC NR
16	Oxygen On-Board w/Regulator Capable of 15 lpm, and Supplies	C NC NR
17	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C NC NR
18	Pulse Oximeter with Pediatric & Adult Capability (1)	C NC NR
19	Suction On-Board with a Regulator	C NC NR
20	Suction Portable (Can be manually powered)	C NC NR
21	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.	C NC NR
22	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult Size Required)	C NC NR
23	Tube Holder (1)	C NC NR

Trauma - Bandaging

No.	Item	
24	Arterial Tourniquet (commercial) (1)	C NC NR
25	Bandages - Triangular (4)	C NC NR
26	Band-Aids (assortment)	C NC NR
27	Burn Sheets - Sterile (2)	C NC NR
28	Dressing: Large Sterile Trauma (1)	C NC NR
29	Dressing - Occlusive: Sterile (aluminum foil, saturated gauze, etc.) (1)	C NC NR
30	Gauze Bandages: Rolled (6)	C NC NR
31	Gauze Pads - 4" x 4" Sterile (12)	C NC NR
32	Scissors - Bandage/Trauma (1 pair)	C NC NR
33	Tape: Hypoallergenic (1 roll)	C NC NR

Trauma - Splinting

No.	Item

34	Cervical Immobilizers: Infant, Child, Adult (2 each)	C	NC	NR
35	Head Immobilization Device (2) - Firm Padding or Commercial Device	C	NC	NR
36	Long Spine Immobilization Device (1) - Rigid Support	C	NC	NR
37	Short Spine Immobilization Device (1) - Rigid Support - If using a hardboard must have a dedicated set of straps.	C	NC	NR
38	Rigid Splints - Short, Medium, and Long (Long must be at least 36 Inches each) (2 each)	C	NC	NR
39	Traction Splinting Device (1)	C	NC	NR

Drug Package

No.	Item			
40	Drug Package in Climate Controlled Area	C	NC	NR
41	Drug Package Secured	C	NC	NR
42	Drug Package: Proof of Acquisition for additional Non-Sealed Medication	C	NC	NR
43	Drug Package Sealed	C	NC	NR

***Medication Name**

Sample

***Hospital Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

44	Drug Package That is not Expired	C	NC	NR

Cardiac Monitor/Defibrillator

No.	Item			
45	Defibrillation Pads (2 sets)	C	NC	NR
46	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C	NC	NR

Miscellaneous - PPE & Other

No.	Item			
47	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C	NC	NR
48	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C	NC	NR
49	Documentation Tools (Pens, Tablet, Run Forms)	C	NC	NR

50	Flashlight (1)	C NC NR
51	Gloves Non-Latex (1 Box or Pouch of Each Size)	C NC NR
52	HEPA Respirator or N-95 Masks (One for each crew member)	C NC NR
53	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver)	C NC NR
54	Reflective Safety Wear for each Crewmember	C NC NR
55	Sharps Container (Fixed) (1)	C NC NR
56	Sharps Container (Portable) (1)	C NC NR

Miscellaneous - Patient

No.	Item	
57	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C NC NR
58	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C NC NR
59	Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter)	C NC NR
60	Ambulance Child Restraint System-Size Appropriate (1)	C NC NR
61	Cold Packs (2)	C NC NR
62	Emesis Container (1)	C NC NR
63	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C NC NR
64	Heat Packs (2)	C NC NR
65	Infant Thermal Cap (1)	C NC NR
66	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C NC NR
67	Oral Glucose Solution (1)	C NC NR

Expiration Date

Sample

68	Pillow (1)	C NC NR
69	Soft Restraints (May be cravats) (4)	C NC NR
70	Stethoscope (1)	C NC NR

71	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C	NC	NR
72	Towels (Adequate size for padding) (2)	C	NC	NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns:

MCA Approved Critical Equpment

MCA Approved Equpment

No.	Item			
73	*12 Lead EKG	C	NC	NR
74	Atomizer (1)	C	NC	NR
75	Capnography - Must Fit Adult and Pediatric Sizes	C	NC	NR
76	Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper. (Monitor must be locked out into AED mode)	C	NC	NR

***Type**

Sample

***Serial Number**

Sample

77	Hemostatic Agent, FDA and MCA Approved (1)	C	NC	NR
78	IM Needles - Sizes Suitable for Pediatric and Adult Patients	C	NC	NR
79	Impedance Threshold Device (1)	C	NC	NR
80	Mechanicle CPR Device	C	NC	NR

***Manufacturer and Serial Number**

Sample

81	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C	NC	NR
82	Nebulizer (1)	C	NC	NR
83	Pelvic Binder (Commercially Approved FDA Device) (1)	C	NC	NR
84	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C	NC	NR

Instructions and Signature

Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in

accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

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- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.

- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: FloryD@michigan.gov

Fax: 517-335-9434

Signature

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

Comments:

Passed

Total: 0 deficiencies of 84 items

Responsible Party Signoff

*

***First Name:**

Sample

***Last Name:**

Sample

Certification Number:

Number: BETP20230306-04348

Inspector: Derek Flory

Date: Mar 6, 2023

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
P.O. Box 30207
Lansing, Michigan 48909-0207
Phone: (517) 241-3025
Fax: (517) 335-9434
Email: MDHHS-MichiganEMS@michigan.gov
Website: www.michigan.gov/ems

10111805
Expiration Date:

Vehicle Call Sign:
7

Vehicle Unit Number:
7

BLS NT Vehicle Critical Equipment

Agency Information

***Name of Agency:**
Sample

***Type of Inspection:**
Sample

***License Plate Number:**
Sample

Vehicle Requirements

No.	Item			
1	Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR)	C	NC	NR
2	External Warning System: Visual & Audio – Must be Operational	C	NC	NR
3	Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1)	C	NC	NR
4	Flares or Equivalent Device (3)	C	NC	NR
5	Vehicle Starts/Runs	C	NC	NR

Airway

No.	Item			
6	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (= or >1000 ml) (1 each)	C	NC	NR
7	Capnometry - Must Fit Adult and Pediatric Sizes	C	NC	NR
8	CPAP - Adult and Pediatric Sizes	C	NC	NR
9	Nasal Cannulas: Adult and Pediatric (1 each)	C	NC	NR

10	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C NC NR
11	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C NC NR
12	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C NC NR
13	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C NC NR
14	Pulse Oximeter with Pediatric & Adult Capability (1)	C NC NR
15	Suction Portable (Can be manually powered)	C NC NR
16	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.	C NC NR
17	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult Size Required)	C NC NR
18	Tube Holder (1)	C NC NR

Trauma - Bandaging

No.	Item	
19	Arterial Tourniquet (commercial) (1)	C NC NR
20	Bandages - Triangular (4)	C NC NR
21	Band-Aids (assortment)	C NC NR
22	Burn Sheets - Sterile (2)	C NC NR
23	Dressing: Large Sterile Trauma (1)	C NC NR
24	Dressing - Occlusive: Sterile (aluminum foil, saturated gauze, etc.) (1)	C NC NR
25	Gauze Bandages: Rolled (6)	C NC NR
26	Gauze Pads - 4" x 4" Sterile (12)	C NC NR
27	Scissors - Bandage/Trauma (1 pair)	C NC NR
28	Tape: Hypoallergenic (1 roll)	C NC NR

Trauma - Splinting

No.	Item	
29	Cervical Immobilizers: Infant, Child, Adult (2 each)	C NC NR
30	Head Immobilization Device (1) - Firm Padding or Commercial Device	C NC NR
31	Long Spine Immobilization Device (1) - Rigid Support	C NC NR
32	Short Spine Immobilization Device (1) - Rigid Support - If using a hardboard must have a dedicated set of straps.	C NC NR

No.	Item			
33	Rigid Splints - Short, Medium, and Long (Long must be at least 36 Inches each) (2 each)	C	NC	NR
34	Traction Splinting Device (1)	C	NC	NR

Drug Package

No.	Item			
35	Drug Package in Climate Controlled Area	C	NC	NR
36	Drug Package Secured	C	NC	NR
37	Drug Package: Proof of Acquisition for additional Non-Sealed Medication	C	NC	NR
38	Drug Package Sealed	C	NC	NR

***Medication Names:**

Sample

***Hospital Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

39	Drug Package That is not Expired	C	NC	NR

Cardiac Monitor/Defibrillator

No.	Item			
40	Defibrillation Pads (2 sets)	C	NC	NR
41	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C	NC	NR

Miscellaneous - PPE & Other

No.	Item			
42	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C	NC	NR
43	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C	NC	NR
44	Documentation Tools (Pens, Tablet, Run Forms)	C	NC	NR
45	Flashlight (1)	C	NC	NR
46	Gloves Non-Latex (1 Box or Pouch of Each Size)	C	NC	NR
47	HEPA Respirator or N-95 Masks (One for each crew member)	C	NC	NR
48	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver)	C	NC	NR

49	Reflective Safety Wear for each Crewmember	C NC NR
50	Sharps Container (Portable) (1)	C NC NR

Miscellaneous - Patient

No.	Item	
51	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C NC NR
52	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C NC NR
53	Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter)	C NC NR
54	Cold Packs (2)	C NC NR
55	Emesis Container (1)	C NC NR
56	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C NC NR
57	Heat Packs (2)	C NC NR
58	Infant Thermal Cap (1)	C NC NR
59	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C NC NR
60	Oral Glucose Solution (1)	C NC NR

***Expiration Date**

Sample

61	Soft Restraints (May be cravats) (4)	C NC NR
62	Stethoscope (1)	C NC NR
63	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C NC NR
64	Towels (Adequate size for padding) (2)	C NC NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns:

MCA Approved Critical Equipment

MCA Approved Equipment

No.	Item	
65	*12 Lead EKG	C NC NR
66	Atomizer	C NC NR

67	Capnography - Must Fit Adult and Pediatric Sizes	C	NC	NR

68

Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper. (Monitor must be locked out into AED mode)

C NC NR

***Type**

Sample

***Serial Number**

Sample

69	Hemostatic Agent, FDA and MCA Approved (1)	C	NC	NR
70	IM Needles - Sizes Suitable for Pediatric and Adult Patients	C	NC	NR
71	Impedance Threshold Device (1)	C	NC	NR
72	Mechanicle CPR Device	C	NC	NR

***Manufacturer and Serial Number**

Sample

73	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C	NC	NR
74	Nebulizer (1)	C	NC	NR
75	Pelvic Binder (Commercially Approved FDA Device) (1)	C	NC	NR
76	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C	NC	NR

Instructions and Signature

Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance. If the life support vehicle is not brought into compliance within that time period, the vehicle will be taken out of service. The life support agency shall demonstrate to the department, in writing, when the vehicle has been brought into compliance. A re-inspection may occur after the vehicle corrections are made within 15 days of notification.

- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other

applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.

- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: FloryD@michigan.gov

Fax: 517-335-9434

Signature

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

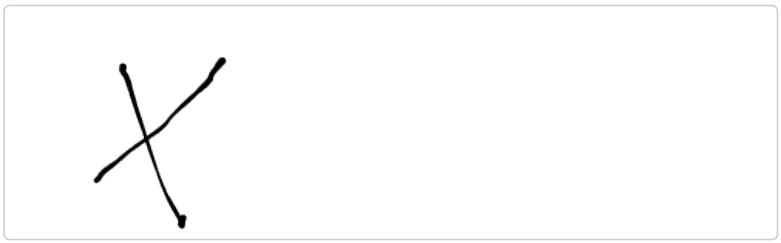
Comments:

Passed

Total: 0 deficiencies of 76 items

Responsible Party Signoff

*



***First Name:**

Sample

***Last Name:**

Sample

Certification Number:

Number: BETP20230306-04349

Inspector: Derek Flory

Date: Mar 6, 2023

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
P.O. Box 30207
Lansing, Michigan 48909-0207
Phone: (517) 241-3025
Fax: (517) 335-9434
Email: MDHHS-MichiganEMS@michigan.gov
Website: www.michigan.gov/ems

10111805
Expiration Date:

Vehicle Call Sign:
7

Vehicle Unit Number:
7

LALS Vehicle Critical Equipment

Agency Information

***Name of Agency:**
Sample

***Type of Inspection:**
Sample

***License Plate Number:**
Sample

Vehicle Requirements

No.	Item			
1	Access for Loading and Unloading Patient in Supine Position	C	NC	NR
2	Ambulance Cot with Straps and Means of Securing Cot	C	NC	NR
3	Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR)	C	NC	NR
4	External Warning System: Visual & Audio – Must be Operational	C	NC	NR
5	Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1)	C	NC	NR
6	Flares or Equivalent Device (3)	C	NC	NR
7	Patient Compartment: Climate and Lighting Must Be Maintained Within Vehicle Standards	C	NC	NR
8	Vehicle Starts/Runs	C	NC	NR

Airway

No.	Item			
9	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (= or >1000 ml) (1 each)	C	NC	NR

10	Capnography - Must Fit Adult and Pediatric Sizes	C NC NR
11	CPAP - Adult and Pediatric Sizes	C NC NR
12	Nasal Cannulas: Adult and Pediatric (1 each)	C NC NR
13	Nasal Canula Capnography	C NC NR
14	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C NC NR
15	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C NC NR
16	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C NC NR
17	Oxygen On-Board w/Regulator Capable of 15 lpm, and Supplies	C NC NR
18	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C NC NR
19	Pulse Oximeter with Pediatric & Adult Capability (1)	C NC NR
20	Suction On-Board with a Regulator	C NC NR
21	Suction Portable (Can be manually powered)	C NC NR
22	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device. C NC NR	
23	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult Size Required)	C NC NR
24	Tube Holder (1)	C NC NR

Trauma - Bandaging

No.	Item	
25	Arterial Tourniquet (commercial) (1)	C NC NR
26	Bandages - Triangular (4)	C NC NR
27	Band-Aids (assortment)	C NC NR
28	Burn Sheets - Sterile (2)	C NC NR
29	Dressing: Large Sterile Trauma (1)	C NC NR
30	Dressing - Occlusive: Sterile (aluminum foil, saturated gauze, etc.) (1)	C NC NR
31	Gauze Bandages: Rolled (6)	C NC NR
32	Gauze Pads - 4" x 4" Sterile (12)	C NC NR
33	Scissors - Bandage/Trauma (1 pair)	C NC NR
34	Tape: Hypoallergenic (1 roll)	C NC NR

Trauma - Splinting

No.	Item			
35	Cervical Immobilizers: Infant, Child, Adult (2 each)	C	NC	NR
36	Head Immobilization Device (2) - Firm Padding or Commercial Device	C	NC	NR
37	Long Spine Immobilization Device (1) - Rigid Support	C	NC	NR
38	Short Spine Immobilization Device (1) - Rigid Support - If using a hardboard must have a dedicated set of straps.	C	NC	NR
39	Rigid Splints - Short, Medium, and Long (Long must be at least 36 Inches each) (2 each)	C	NC	NR
40	Traction Splinting Device (1)	C	NC	NR

IV Requirements

No.	Item			
41	Alcohol Wipes (12)	C	NC	NR
42	Extension Set (2)	C	NC	NR
43	Filter Needles	C	NC	NR
44	IM Needles - Sizes Suitable for Pediatric and Adult Patients	C	NC	NR
45	Injection Supplies - Sizes Suitable for Pediatrics and Adults	C	NC	NR
46	IO Supplies: Adult and Pediatric (1 each)	C	NC	NR
47	IV Solution and Supplies Secured	C	NC	NR
48	IV Administration Set: Macro Drip (4)	C	NC	NR
49	IV Catheters - Size 24-18 Gauge (Range of 4 Sizes with at least 1 Smaller than 20 Gauge) (4 each)	C	NC	NR
50	IV Fluids: NS (1) and Crystalloid Solution (2)	C	NC	NR

***IV Fluids Filled by:**

(•) Hospital ( ) Wholesale

***Hospital or Wholesaler Name:**

Sample

***If Obtained through Wholesaler - Tracking Log?**

(•) Yes ( ) No ( ) Not Wholesale

***First Expiration Date of Fluids:**

Sample

51	Needles - Various Sizes	C	NC	NR
52	Tourniquets (2)	C	NC	NR

Drug Package

No.	Item			
53	Atomizer (1)	C	NC	NR
54	Drug Package in Climate Controlled Area	C	NC	NR
55	Drug Package Secured	C	NC	NR
56	Drug Package: Proof of Acquisition for additional Non-Sealed Medication through Hospital Pharmacy	C	NC	NR
57	Drug Package Sealed	C	NC	NR

***Hospital Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

58	Drug Package that is not Expired	C	NC	NR
59	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C	NC	NR
60	Nebulizer (1)	C	NC	NR
61	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C	NC	NR

Cardiac Monitor/Defibrillator

No.	Item			
62	Defibrillation Pads (2 sets)	C	NC	NR
63	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C	NC	NR

Miscellaneous - PPE & Other

No.	Item			
64	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C	NC	NR
65	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C	NC	NR
66	Documentation Tools (Pens, Tablet, Run Forms)	C	NC	NR
67	Flashlight (1)	C	NC	NR
68	Gloves Non-Latex (1 Box or Pouch of Each Size)	C	NC	NR
69	HEPA Respirator or N-95 Masks (One for each crew member)	C	NC	NR
70	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver)	C	NC	NR

71	Reflective Safety Wear for each Crewmember	C NC NR
72	Sharps Container (Portable) (1)	C NC NR
73	Sharps Container (Fixed) (1)	C NC NR

Miscellaneous - Patient

No.	Item	
74	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C NC NR
75	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C NC NR
76	Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter)	C NC NR
77	Ambulance Child Restraint System-Size Appropriate (1)	C NC NR
78	Cold Packs (2)	C NC NR
79	Emesis Container (1)	C NC NR
80	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C NC NR
81	Heat Packs (2)	C NC NR
82	Infant Thermal Cap (1)	C NC NR
83	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C NC NR
84	Oral Glucose Solution (1)	C NC NR

***Expiration Date:**

Sample

85	Pillow (1)	C NC NR
86	Soft Restraints (May be cravats) (4)	C NC NR
87	Stethoscope (1)	C NC NR
88	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C NC NR
89	Towels (Adequate size for padding) (2)	C NC NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns:

MCA Approved Critical Equipment

MCA Approved Equipment

No.	Item	
90	*12 Lead EKG	C NC NR
91	Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper. (Monitor must be locked out into AED mode)	C NC NR

***Type**

Sample

***Serial Number**

Sample

92	Hemostatic Agent, FDA and MCA Approved (1)	C NC NR
93	Impedance Threshold Device (1)	C NC NR
94	Mechanicle CPR Device	C NC NR

***Manufacturer and Serial Number**

Sample

95	Pelvic Binder (Commercially Approved FDA Device) (1)	C NC NR

Instructions and Signature

Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

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Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance. If the life support vehicle is not brought into compliance within that time period, the vehicle will be taken out of service. The life support agency shall demonstrate to the department, in writing, when the vehicle has been brought into compliance. A re-inspection may occur after the vehicle corrections are made within 15 days of notification.

- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

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- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: FloryD@michigan.gov

Fax: 517-335-9434

Signature

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

Comments:

Passed

Total: 0 deficiencies of 95 items

Responsible Party Signoff

*

***First Name:**

Sample

***Last Name:**

Sample

Certification Number:

Number: BETP20230306-04350

Inspector: Derek Flory

Date: Mar 6, 2023

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
P.O. Box 30207
Lansing, Michigan 48909-0207
Phone: (517) 241-3025
Fax: (517) 335-9434
Email: MDHHS-MichiganEMS@michigan.gov
Website: www.michigan.gov/ems

10241801
Expiration Date:

Vehicle Call Sign:
1

Vehicle Unit Number:
1

LALS NT Vehicle Critical Equipment

Agency Information

***Name of Agency:**
Sample

***Type of Inspection:**
Sample

***License Plate Number:**
Sample

Vehicle Requirements

No.	Item			
1	Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR)	C	NC	NR
2	External Warning System: Visual & Audio – Must be Operational	C	NC	NR
3	Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1)	C	NC	NR
4	Flares or Equivalent Device (3)	C	NC	NR
5	Vehicle Starts/Runs	C	NC	NR

Airway

No.	Item			
6	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (= or >1000 ml) (1 each)	C	NC	NR
7	Capnography - Must Fit Adult and Pediatric Sizes	C	NC	NR
8	CPAP - Adult and Pediatric Sizes	C	NC	NR
9	Nasal Cannulas: Adult and Pediatric (1 each)	C	NC	NR

10	Nasal Canula Capnography	C NC NR
11	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C NC NR
12	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C NC NR
13	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C NC NR
14	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C NC NR
15	Pulse Oximeter with Pediatric & Adult Capability (1)	C NC NR
16	Suction Portable (Can be manually powered)	C NC NR
17	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.	C NC NR
18	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult Size Required)	C NC NR
19	Tube Holder (1)	C NC NR

Trauma - Bandaging

No.	Item	
20	Arterial Tourniquet (commercial) (1)	C NC NR
21	Bandages - Triangular (4)	C NC NR
22	Band-Aids (assortment)	C NC NR
23	Burn Sheets - Sterile (2)	C NC NR
24	Dressing: Large Sterile Trauma (1)	C NC NR
25	Dressing - Occlusive: Sterile (aluminum foil, saturated gauze, etc.) (1)	C NC NR
26	Gauze Bandages: Rolled (6)	C NC NR
27	Gauze Pads - 4" x 4" Sterile (12)	C NC NR
28	Scissors - Bandage/Trauma (1 pair)	C NC NR
29	Tape: Hypoallergenic (1 roll)	C NC NR

Trauma - Splinting

No.	Item	
30	Cervical Immobilizers: Infant, Child, Adult (2 each)	C NC NR
31	Head Immobilization Device (1) - Firm Padding or Commercial Device	C NC NR
32	Long Spine Immobilization Device (1) - Rigid Support	C NC NR

33	Short Spine Immobilization Device (1) - Rigid Support - If using a hardboard must have a dedicated set of straps.	C NC NR
34	Rigid Splints - Short, Medium, and Long (Long must be at least 36 Inches each) (2 each)	C NC NR
35	Traction Splinting Device (1)	C NC NR

IV Requirements

No.	Item	
36	Alcohol Wipes (12)	C NC NR
37	Extension Set (2)	C NC NR
38	Filter Needles	C NC NR
39	IM Needles - Sizes Suitable for Pediatric and Adult Patients	C NC NR
40	Injection Supplies - Sizes Suitable for Pediatrics and Adults	C NC NR
41	IO Supplies: Adult and Pediatric (1 each)	C NC NR
42	IV Solution and Supplies Secured	C NC NR
43	IV Administration Set: Macro Drip (4)	C NC NR
44	IV Catheters - Size 24-18 Gauge (Range of 4 Sizes with at least 1 Smaller than 20 Gauge) (4 each)	C NC NR
45	IV Fluids: NS (1) and Crystalloid Solution (2)	C NC NR

***IV Fluids Filled by:**

(•) Hospital ( ) Wholesale

***Hospital or Wholesaler Name:**

Sample

***If Obtained through Wholesaler - Tracking Log?**

(•) Yes ( ) No ( ) Not Wholesale

***First Expiration Date of Fluids:**

Sample

46	Needles - Various Sizes	C NC NR
47	Tourniquets (2)	C NC NR

Drug Package

No.	Item	
48	Atomizer (1)	C NC NR
49	Drug Package in Climate Controlled Area	C NC NR
50	Drug Package Secured	C NC NR

51	Drug Package: Proof of Acquisition for additional Non-Sealed Medication through Hospital Pharmacy	C	NC	NR
52	Drug Package Sealed	C	NC	NR

***Hospital Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

53	Drug Package that is not Expired	C	NC	NR
54	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C	NC	NR
55	Nebulizer (1)	C	NC	NR
56	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C	NC	NR

Cardiac Monitor/Defibrillator

No.	Item			
57	Defibrillation Pads (2 sets)	C	NC	NR
58	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C	NC	NR

Miscellaneous - PPE & Other

No.	Item			
59	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C	NC	NR
60	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C	NC	NR
61	Documentation Tools (Pens, Tablet, Run Forms)	C	NC	NR
62	Flashlight (1)	C	NC	NR
63	Gloves Non-Latex (1 Box or Pouch of Each Size)	C	NC	NR
64	HEPA Respirator or N-95 Masks (One for each crew member)	C	NC	NR
65	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver)	C	NC	NR
66	Protocol Access for Pediatric and Adult Patient Care (hard copy or electronic)	C	NC	NR
67	Reflective Safety Wear for each Crewmember	C	NC	NR
68	Sharps Container (Portable) (1)	C	NC	NR

Miscellaneous - Patient

No.	Item	
69	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C NC NR
70	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C NC NR
71	Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter)	C NC NR
72	Cold Packs (2)	C NC NR
73	Emesis Container (1)	C NC NR
74	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C NC NR
75	Heat Packs (2)	C NC NR
76	Infant Thermal Cap (1)	C NC NR
77	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C NC NR
78	Oral Glucose Solution (1)	C NC NR

***Expiration Date**

Sample

79	Soft Restraints (May be cravats) (4)	C NC NR
80	Stethoscope (1)	C NC NR
81	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C NC NR
82	Towels (Adequate size for padding) (2)	C NC NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns:

MCA Approved Equipment

MCA Approved Critical Equipment

No.	Item	
83	*12 Lead EKG	C NC NR
84	Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper. (Monitor must be locked out into AED mode)	C NC NR

***Type**

Sample

*Serial Number

Sample

85	Hemostatic Agent, FDA and MCA Approved (1)	C	NC	NR
86	Impedance Threshold Device (1)	C	NC	NR
87	Mechanicle CPR Device	C	NC	NR

Manufacturer and Serial Number

88	Pelvic Binder (Commercially Approved FDA Device) (1)	C	NC	NR

Instructions and Signature

Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance. If the life support vehicle is not brought into compliance within that time period, the vehicle will be taken out of service. The life support agency shall demonstrate to the department, in writing, when the vehicle has been brought into compliance. A re-inspection may occur after the vehicle corrections are made within 15 days of notification.

- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.

- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: FloryD@michigan.gov

Fax: 517-335-9434

Signature

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

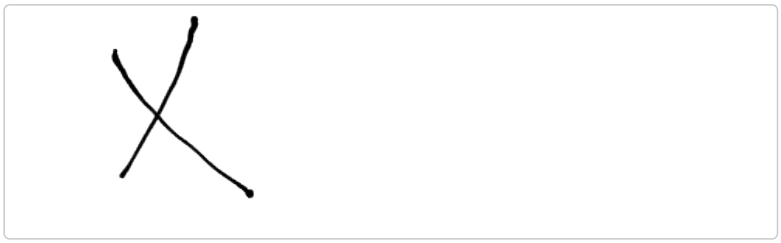
Comments:

Passed

Total: 0 deficiencies of 88 items

Responsible Party Signoff

*



***First Name:**

Sample

***Last Name:**

Sample

Certification Number:

Number: BETP20230308-04371

Inspector: Derek Flory

Date: Mar 8, 2023

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
P.O. Box 30207
Lansing, Michigan 48909-0207
Phone: (517) 241-3025
Fax: (517) 335-9434
Email: MDHHS-MichiganEMS@michigan.gov
Website: www.michigan.gov/ems

10111805
Expiration Date:

Vehicle Call Sign:
7

Vehicle Unit Number:
7

ALS Vehicle Critical Equipment

Agency Information

***Name of Agency:**
Sample

***Type of Inspection:**
Sample

***License Plate Number:**
Sample

Vehicle Requirements

No.	Item			
1	Access for Loading and Unloading Patient in Supine Position	C	NC	NR
2	Ambulance Cot with Straps and Means of Securing Cot	C	NC	NR
3	Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR)	C	NC	NR
4	External Warning System: Visual & Audio – Must be Operational	C	NC	NR
5	Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1)	C	NC	NR
6	Flares or Equivalent Device (3)	C	NC	NR
7	Patient Compartment: Climate and Lighting Must Be Maintained Within Vehicle Standards	C	NC	NR
8	Vehicle Starts/Runs	C	NC	NR

Airway

No.	Item			
9	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (= or >1000 ml) (1 each)	C	NC	NR

10	Capnography - Must Fit Adult and Pediatric Sizes	C NC NR
11	CPAP - Adult and Pediatric Sizes	C NC NR
12	Endotracheal Tubes and Equipment: Cuffed or Uncuffed; Size 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm; Cuffed: 6.0, 7.0, 8.0 (2 each)	C NC NR
13	Laryngoscope Blades: Curved: Sizes 2, 3, or 4 (2); Straight: Sizes 0, 1, 2, 3, or 4 (4) (1 each)	C NC NR
14	Laryngoscope Bulb, Batteries, and Handle (1 set)	C NC NR
15	Laryngoscope Handle (1) (Spare)	C NC NR
16	Magill Forceps: Adult & Pediatric (1 each)	C NC NR
17	Nasal Cannulas: Adult and Pediatric (1 each)	C NC NR
18	Nasal Canula Capnography	C NC NR
19	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C NC NR
20	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C NC NR
21	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C NC NR
22	Oxygen On-Board w/Regulator Capable of 15 lpm, and Supplies	C NC NR
23	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C NC NR
24	Pulse Oximeter with Pediatric & Adult Capability (1)	C NC NR
25	Stylettes for Endotracheal Tubes: Adult and Pediatric (1 each)	C NC NR
26	Suction On-Board with a Regulator	C NC NR
27	Suction Portable (Can be manually powered)	C NC NR
28	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.	C NC NR
29	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult Size Required)	C NC NR
30	Tube Holder (1)	C NC NR

Trauma - Bandaging

No.	Item	
31	Arterial Tourniquet (commercial) (1)	C NC NR
32	Bandages - Triangular (4)	C NC NR
33	Band-Aids (assortment)	C NC NR

34	Burn Sheets - Sterile (2)	C NC NR
35	Dressing: Large Sterile Trauma (1)	C NC NR
36	Dressing - Occlusive: Sterile (aluminum foil, saturated gauze, etc.) (1)	C NC NR
37	Gauze Bandages: Rolled (6)	C NC NR
38	Gauze Pads - 4" x 4" Sterile (12)	C NC NR
39	Scissors - Bandage/Trauma (1 pair)	C NC NR
40	Tape: Hypoallergenic (1 roll)	C NC NR

Trauma - Splinting

No.	Item	
41	Cervical Immobilizers: Infant, Child, Adult (2 each)	C NC NR
42	Head Immobilization Device (2) - Firm Padding or Commercial Device	C NC NR
43	Long Spine Immobilization Device (1) - Rigid Support	C NC NR
44	Short Spine Immobilization Device (1) - Rigid Support - If using a hardboard must have a dedicated set of straps.	C NC NR
45	Rigid Splints - Short, Medium, and Long (Long must be at least 36 Inches each) (2 each)	C NC NR
46	Traction Splinting Device (1)	C NC NR

IV Requirements

No.	Item	
47	14 Gauge Needle at Least Three and a Half Inches or Commercial Device for Pleural Decompression	C NC NR
48	Alcohol Wipes (12)	C NC NR
49	Extension Set (2)	C NC NR
50	Filter Needles	C NC NR
51	IM Needles - Sizes Suitable for Pediatric and Adult Patients	C NC NR
52	IO Supplies: Adult and Pediatric (1 each)	C NC NR
53	IV Solution and Supplies Secured	C NC NR
54	IV Administration Set: Macro Drip (4)	C NC NR
55	IV Catheters - Size 24-18 Gauge (Range of 4 Sizes with at least 1 Smaller than 20 Gauge) (4 each)	C NC NR
56	IV Fluids: NS (1) and Crystalloid Solution (2)	C NC NR

***IV Fluids Filled by:**

(•) Hospital ( ) Wholesale

*Hospital or Wholesaler Name:

Sample

*If Obtained through Wholesaler - Tracking Log?

(•) Yes ( ) No ( ) Not Wholesale

*First Expiration Date of Fluids:

Sample

57	Needles - Various Sizes	C	NC	NR
58	Tourniquets (2)	C	NC	NR

Drug Package

No.	Item			
59	Atomizer (1)	C	NC	NR
60	Drug Package in Climate Controlled Area	C	NC	NR
61	Drug Package Secured and Locked	C	NC	NR
62	Drug Package: Proof of Acquisition for additional Non-Sealed Medication through Hospital Pharmacy	C	NC	NR
63	Drug Package Sealed	C	NC	NR

*Hospital Filled By:

Sample

*Date Filled:

Sample

*Expiration Date:

Sample

64	Drug Package that is not Expired	C	NC	NR
65	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C	NC	NR
66	Nebulizer (1)	C	NC	NR
67	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C	NC	NR

Cardiac Monitor/Defibrillator

No.	Item			
68	12 Lead EKG	C	NC	NR
69	Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper.	C	NC	NR

*Type:

Sample

*Serial Number:

Sample

No.	Item			
70	Defibrillation Pads (2 sets)	C	NC	NR
71	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C	NC	NR
72	Transcutaneous Cardiac Pacemaker that includes Pediatric Capability (may integrate with Monitor/Defibrillator) (2)	C	NC	NR

Miscellaneous - PPE & Other

No.	Item			
73	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C	NC	NR
74	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C	NC	NR
75	Documentation Tools (Pens, Tablet, Run Forms)	C	NC	NR
76	Flashlight (1)	C	NC	NR
77	Gloves Non-Latex (1 Box or Pouch of Each Size)	C	NC	NR
78	HEPA Respirator or N-95 Masks (One for each crew member)	C	NC	NR
79	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver)	C	NC	NR
80	Reflective Safety Wear for each Crewmember	C	NC	NR
81	Sharps Container (Fixed) (1)	C	NC	NR
82	Sharps Container (Portable) (1)	C	NC	NR

Miscellaneous - Patient

No.	Item			
83	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C	NC	NR
84	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C	NC	NR
85	Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter)	C	NC	NR
86	Ambulance Child Restraint System-Size Appropriate (1)	C	NC	NR
87	Cold Packs (2)	C	NC	NR
88	Emesis Container (1)	C	NC	NR
89	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C	NC	NR
90	Heat Packs (2)	C	NC	NR

91	Infant Thermal Cap (1)	C NC NR
92	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C NC NR
93	Oral Glucose Solution (1)	C NC NR

***Expiration Date**

Sample

94	Pillow (1)	C NC NR
95	Soft Restraints (May be cravats) (4)	C NC NR
96	Stethoscope (1)	C NC NR
97	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C NC NR
98	Towels (Adequate size for padding) (2)	C NC NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns

MCA Approved Critical Equipment

MCA Approved Critical Equipment

No.	Item	
99	Gum Elastic Bougie (1)	C NC NR
100	Hemostatic Agent, FDA and MCA Approved (1)	C NC NR
101	Mechanicle CPR Device	C NC NR

***Manufacturer and Serial Number**

Sample

102	Impedance Threshold Device (1)	C NC NR
103	Pelvic Binder (Commercially Approved FDA Device) (1)	C NC NR
104	Trachea Hook (1)	C NC NR

Instructions and Signature

Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of

this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance. If the life support vehicle is not brought into compliance within that time period, the vehicle will be taken out of service. The life support agency shall demonstrate to the department, in writing, when the vehicle has been brought into compliance. A re-inspection may occur after the vehicle corrections are made within 15 days of notification.

- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies identified in the inspection report.

- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: FloryD@michigan.gov

Fax: 517-335-9434

Signature

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

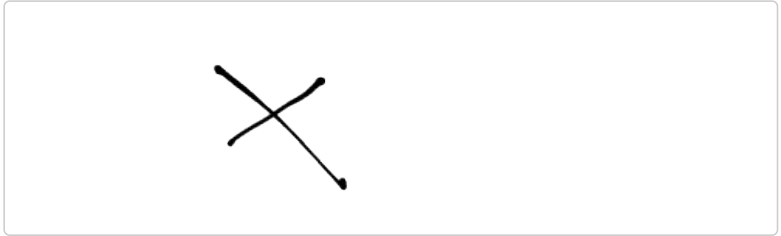
Comments:

Passed

Total: 0 deficiencies of 104 items

Responsible Party Signoff

*



***First Name:**

Sample

***Last Name:**

Sample

Certification Number:

Number: BETP20230308-04372

Inspector: Derek Flory

Date: Mar 8, 2023

Michigan Department of Health and Human Services
Bureau of EMS, Trauma & Preparedness
P.O. Box 30207
Lansing, Michigan 48909-0207
Phone: (517) 241-3025
Fax: (517) 335-9434
Email: MDHHS-MichiganEMS@michigan.gov
Website: www.michigan.gov/ems

10111805
Expiration Date:

Vehicle Call Sign:
7

Vehicle Unit Number:
7

ALS Vehicle NT Critical Equipment

Agency Information

***Name of Agency:**
Sample

***Type of Inspection:**
Sample

***License Plate Number:**
Sample

Vehicle Requirements

No.	Item			
1	Communication- State MEDCOM Compliant (HERN Required for all vehicles except non-transport BLS, and MFR)	C	NC	NR
2	External Warning System: Visual & Audio – Must be Operational	C	NC	NR
3	Fire Extinguisher: UL Listed w/Current Tag, 2-A-20 BC (1)	C	NC	NR
4	Flares or Equivalent Device (3)	C	NC	NR
5	Vehicle Starts/Runs	C	NC	NR

Airway

No.	Item			
6	Bag Valve Mask: Hand Operated Self-Expanding Bag with Oxygen Reservoir/Accumulator; Valve (Clear & Operable in Cold Weather); and Mask (Adult, Child, Infant, and Neonate Sizes) Child (450-750ml) (1 each) and Adult (= or >1000 ml) (1 each)	C	NC	NR
7	CPAP - Adult and Pediatric Sizes	C	NC	NR
8	Endotracheal Tubes and Equipment: Cuffed or Uncuffed; Size 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 mm; Cuffed: 6.0, 7.0, 8.0 (2 each)	C	NC	NR

9	Laryngoscope Blades: Curved: Sizes 2, 3, or 4 (2); Straight: Sizes 0, 1, 2, 3, or 4 (4) (1 each)	C	NC	NR
10	Laryngoscope Bulb, Batteries, and Handle (1 set)	C	NC	NR
11	Laryngoscope Handle (1) (Spare)	C	NC	NR
12	Magill Forceps: Adult & Pediatric (1 each)	C	NC	NR
13	Nasal Cannulas: Adult and Pediatric (1 each)	C	NC	NR
14	Nasal Cannulas: Adult and Pediatric (1 each)	C	NC	NR
15	Nasopharyngeal Airways: 1 Size between 16-24 fr and 1 Size between 26-34 fr	C	NC	NR
16	Non-Rebreather Masks: Adult, Child, and Infant (1 each)	C	NC	NR
17	Oropharyngeal Airway: 0-1, 2-3, 4-5 (1 each)	C	NC	NR
18	Oxygen Portable with Regulator Capable of 15 lpm, and Supplies	C	NC	NR
19	Pulse Oximeter with Pediatric & Adult Capability (1)	C	NC	NR
20	Stylettes for Endotracheal Tubes: Adult and Pediatric (1 each)	C	NC	NR
21	Suction Portable (Can be manually powered)	C	NC	NR
22	Suction Tubing: Wide-Bore Tubing, Rigid Pharyngeal Curved Suction Tip and Tonsil and Flexible Suction Catheters 6F-16F (1 between 6F-10F and 1 between 12F-16F). 1 set for each mechanical suction device.	C	NC	NR
23	Supraglottic (Combitube, King, I-Gel) (1 of Each Adult Size Required)	C	NC	NR
24	Tube Holder (1)	C	NC	NR
25	Capnography - Must Fit Adult and Pediatric Sizes	C	NC	NR

Trauma - Bandaging

No.	Item			
26	Arterial Tourniquet (commercial) (1)	C	NC	NR
27	Bandages - Triangular (4)	C	NC	NR
28	Band-Aids (assortment)	C	NC	NR
29	Burn Sheets - Sterile (2)	C	NC	NR
30	Dressing: Large Sterile Trauma (1)	C	NC	NR
31	Dressing - Occlusive: Sterile (aluminum foil, saturated gauze, etc.) (1)	C	NC	NR
32	Gauze Bandages: Rolled (6)	C	NC	NR
33	Gauze Pads - 4" x 4" Sterile (12)	C	NC	NR

34	Scissors - Bandage/Trauma (1 pair)	C	NC	NR
35	Tape: Hypoallergenic (1 roll)	C	NC	NR

Trauma - Splinting

No.	Item			
36	Cervical Immobilizers: Infant, Child, Adult (2 each)	C	NC	NR
37	Head Immobilization Device (1) - Firm Padding or Commercial Device	C	NC	NR
38	Long Spine Immobilization Device (1) - Rigid Support	C	NC	NR
39	Short Spine Immobilization Device (1) - Rigid Support - If using a hardboard must have a dedicated set of straps.	C	NC	NR
40	Rigid Splints - Short, Medium, and Long (Long must be at least 36 Inches each) (2 each)	C	NC	NR
41	Traction Splinting Device (1)	C	NC	NR

IV Requirements

No.	Item			
42	14 Gauge Needle at Least Three and a Half Inches or Commercial Device for Pleural Decompression	C	NC	NR
43	Alcohol Wipes (12)	C	NC	NR
44	Extension Set (2)	C	NC	NR
45	Filter Needles	C	NC	NR
46	IM Needles - Sizes Suitable for Pediatric and Adult Patients	C	NC	NR
47	IO Supplies: Adult and Pediatric (1 each)	C	NC	NR
48	IV Solution and Supplies Secured	C	NC	NR
49	IV Administration Set: Macro Drip (4)	C	NC	NR
50	IV Catheters - Size 24-18 Gauge (Range of 4 Sizes with at least 1 Smaller than 20 Gauge) (4 each)	C	NC	NR
51	IV Fluids: NS (1) and Crystalloid Solution (2)	C	NC	NR

***IV Fluids Filled by:**

(•) Hospital ( ) Wholesale

***Hospital or Wholesaler Name:**

Sample

***If Obtained through Wholesaler - Tracking Log?**

(•) Yes ( ) No ( ) Not Wholesale

***First Expiration Date of Fluids:**

Sample

52	Needles - Various Sizes	C NC NR
53	Tourniquets (2)	C NC NR

Drug Package

No.	Item	
54	Atomizer (1)	C NC NR
55	Drug Package in Climate Controlled Area	C NC NR
56	Drug Package Secured and Locked	C NC NR
57	Drug Package: Proof of Acquisition for additional Non-Sealed Medication through Hospital Pharmacy	C NC NR
58	Drug Package Sealed	C NC NR

***Hospital Filled By:**

Sample

***Date Filled:**

Sample

***Expiration Date:**

Sample

59	Drug Package that is not Expired	C NC NR
60	MI-MEDIC Cards and Length Based Pediatric Dosing Tape	C NC NR
61	Nebulizer (1)	C NC NR
62	Syringes (1, 3, 5, 10, and 20 ML) - Multiple of each size	C NC NR

Cardiac Monitor/Defibrillator

No.	Item	
63	12 Lead EKG	C NC NR
64	Cardiac Monitor that is Portable, Battery Operated and Operational. Includes Patient Cable, Electrodes, and ECG Paper.	C NC NR

***Type:**

Sample

***Serial Number:**

Sample

65	Defibrillation Pads (2 sets)	C NC NR
66	Means to Defibrillate Pediatric and Adult Patients. Per AHA adult pads can be used for pediatric patients.	C NC NR
67	Transcutaneous Cardiac Pacemaker that includes Pediatric Capability (may integrate with Monitor/Defibrillator) (2)	C NC NR

Miscellaneous - PPE & Other

No.	Item			
68	Alcohol-Based Hand Cleanser (Towlette, Spray, or Liquid) (1)	C	NC	NR
69	Disinfectant Cleaner for Bloodborne Pathogens EPA Registered (for vehicle cleaning) (1)	C	NC	NR
70	Documentation Tools (Pens, Tablet, Run Forms)	C	NC	NR
71	Flashlight (1)	C	NC	NR
72	Gloves Non-Latex (1 Box or Pouch of Each Size)	C	NC	NR
73	HEPA Respirator or N-95 Masks (One for each crew member)	C	NC	NR
74	Personal Protection Equipment: Impervious Gown, Eye Protection (Full Peripheral Glasses, Goggles, or Face Shield), and Mask (One for each caregiver)	C	NC	NR
75	Reflective Safety Wear for each Crewmember	C	NC	NR
76	Sharps Container (Portable) (1)	C	NC	NR

Miscellaneous - Patient

No.	Item			
77	Blankets (2) with 1 being a Thermal Absorbent Blanket, or Appropriate Heat-Reflective Material (adult size)	C	NC	NR
78	Blood Pressure Cuff and Sphygmomanometer : Infant, Child, Adult, and Large Adult (1 each)	C	NC	NR
79	Bottled Sterile Water or Bottled Normal Saline 0.9% (NS) (1 liter)	C	NC	NR
80	Cold Packs (2)	C	NC	NR
81	Emesis Container (1)	C	NC	NR
82	Glucometer or Blood Glucose Measuring Device with Reagent Strips	C	NC	NR
83	Heat Packs (2)	C	NC	NR
84	Infant Thermal Cap (1)	C	NC	NR
85	OB Kit: Sterile Contents (1) - (4 x 4 Dressing, Sterile Scissors or other Cutting Utensil, Bulb Suction, Clamps for Cord, Sterile Gloves, Blanket)	C	NC	NR
86	Oral Glucose Solution (1)	C	NC	NR

***Expiration Date**

Sample

87	Soft Restraints (May be cravats) (4)	C	NC	NR

88	Stethoscope (1)	C	NC	NR
89	Thermometer with Low Temperature Capability down to 86 Degrees (i.e. hypothermia) (1)	C	NC	NR
90	Towels (Adequate size for padding) (2)	C	NC	NR

Miscellaneous - Other Health & Safety Concerns

Other Health and Safety Concerns:

MCA Approved Critical Equipment

MCA Approved Critical Equipment

No.	Item			
91	Gum Elastic Bougie (1)	C	NC	NR
92	Hemostatic Agent, FDA and MCA Approved (1)	C	NC	NR
93	Mechanicle CPR Device	C	NC	NR

Manufacturer and Serial Number

Sample

94	Impedance Threshold Device (1)	C	NC	NR
95	Pelvic Binder (Commercially Approved FDA Device) (1)	C	NC	NR
96	Trachea Hook (1)	C	NC	NR

Instructions and Signature

Inspections Instructions

The findings from this inspection will be submitted to the Michigan Department of Health and Human Services (MDHHS) to determine compliance with requirements for licensure. This inspection form does not indicate licensure status. The MDHHS upon determination of compliance with applicable statutory and regulatory requirements and standards, will issue the license in accordance with Part 209 of the Public Health Code (PA368 of 1978), as amended.

Items on this inspection form checked "NC" indicates that the item was not clean, was missing, or non-functional at the time of this inspection, causing MDHHS to consider each applicable vehicle to be in violation of Part 209 of the Public Health Code (PA 368 of 1978), as amended. Non-sterile items must be clean and functional. Sterile items must be intact in their package, usable, integrity of package must not be compromised, and must not be expired.

Instructions for Required Corrections

Non-Compliant (NC)

- If MDHHS makes the determination that a vehicle is non-compliant with equipment items, the agency has 24 hours to bring the vehicle into compliance. If the life support vehicle is not brought into compliance within that time period, the vehicle will be taken out of service. The life support agency shall demonstrate to the department, in writing, when the vehicle has been brought into compliance. A re-inspection may occur after the vehicle corrections are made within 15 days of notification.

- If a life support vehicle remains out of compliance for more than 15 calendar days from the date of inspection, then the vehicle license shall be automatically revoked.

Other Licensure Issues

- MDHHS may order a life support vehicle out of immediate service if it determines that the health, safety, and welfare of a patient may be in jeopardy due to non-compliance with equipment items, defective and non-functional equipment, or other applicable reasons. A notice of such action shall be issued to the life support agency by MDHHS based upon the deficiencies

identified in the inspection report.

- A life support agency may immediately address potential violations during the inspection. The inspection report will reflect the action taken and MDHHS will consider that the indicator was met.

Documentation of completed corrections may be faxed or emailed to MDHHS

Email: FloryD@michigan.gov

Fax: 517-335-9434

Attestaion and Signature

I, the undersigned representative of the above service, acknowledge receipt of a copy of this inspection report, supplemental notes and corrective action statement (if applicable). I am aware of the deficiencies listed (if any) and understand that failure to correct the deficiencies within the established time frames will subject the service to administrative action and penalties as outlined in Sections 201 and 209 of the Michigan Public Health Code and the Administrative Rules thereunder.

I, the undersigned MDHHS representative, acknowledge that I have conducted a full inspection of this vehicle in accordance with the equipment requirements set forth above and that all statements I have made on this inspection report are true and accurate to the best of my knowledge.

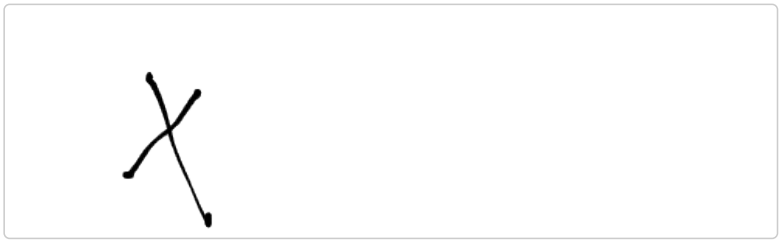
Comments:

Passed

Total: 0 deficiencies of 96 items

Responsible Party Signoff

*



***First Name:**

Sample

***Last Name:**

Sample

Certification Number:

EMSCC Bylaws Subcommittee-Appointments to fill:
Communications - NEW (3/17/2023 - 12/31/2025)

- **Angela Madden**
- **Bill Forbush**
- **Bob Miljan**
- **Joshua Kay**
- **Mark Wilk**
- **Matthew Biskner**
- **Nick Harrison**
- **William Caruso**
- **James Becker**
- **John Buck**
- **Jay Cooper**
- **Rick Dupon**
- **Scott Kiernicki**

Bylaws of the Michigan State Emergency Medical Services Coordination Committee

Article I Preamble

The Michigan State Emergency Medical Services Coordination Committee (SEMSCC), created in the Michigan Department of Health and Human Services (Department), and established pursuant to part 209 of Act 368 PA 1978, as amended MCL 333.20915.

Article II Definitions

The term "code" as used in these Bylaws shall mean the Michigan Public Health Code.

The term "Department" as used in these Bylaws means the Michigan Department of Health and Human Services, or its successor.

The term "Division" as used in these Bylaws means the Division of EMS and Systems of Care under the Michigan Department of Health and Human Services, or its successor.

The term "Director" as used in these Bylaws means the Director of the Michigan Department of Health and Human Services, or his or her successor.

Other terms used in these Bylaws have the meaning ascribed to them in Parts 201 and 209 of the Code.

Article III Duties

A. The SEMSCC may perform such duties as are within its authority in accordance with the Section 20196 of the Code MCL 333.20916.

Article IV Membership of the SEMSCC

A. Composition

Members of the SEMSCC shall be appointed by the Director from nominations made by the constituents identified in Section 20915 of the Code.

B Terms of Office of Members

The voting members of the SEMSCC shall serve three-year terms. A member who is unable to complete a term shall be replaced for the balance of the unexpired term. Voting members of the SEMSCC shall be appointed for staggered terms.

C Replacement or removal of SEMSCC Members

1. In the event of death or resignation of a SEMSCC member, the Director shall appoint, as a replacement, an individual nominated or recommended by the same constituency consistent with the Code. The replacement will serve for the balance of the unexpired term of the replaced member.

2. The Chairperson of the SEMSCC shall request a letter of resignation when a change of status of the SEMSCC member occurs. Change of status includes: change of constituency, change of state residence, etc.

3. If a constituency decides that its member does not represent either its interest or the public's interest, it should do the following:

   a. Ask the member to submit his/her resignation to the Chairperson and to the Director.
   b. If the member refuses to submit his/her resignation, the constituency organization shall notify the Department that the member no longer represents their constituency and request that the alternate be recognized until a permanent member is appointed by the Director.

D. Alternates

Alternates for SEMSCC members are permitted as outlined:

1. Each organization represented on the SEMSCC may identify as many alternates as the organization has positions on the SEMSCC. The names of those alternates will be submitted to the Department.

2. Alternates to the SEMSCC will be named annually by the sponsoring organization at the January or first official meeting of the year, whichever comes first. If an alternate needs replacement for the remainder of the year, outside of this time frame, any change must be submitted to the department at least thirty days prior to the next scheduled SEMSCC meeting.

3. The Chairperson of the SEMSCC must be notified at the beginning of a meeting if an alternate will be representing a member of the SEMSCC for that meeting.

E. Financial reimbursement of Members

Travel and other expenses incurred by the SEMSCC members, or pre-approved expenses incurred by a subcommittee member in the performance of official functions of the SEMSCC or subcommittees, shall be paid pursuant to the standardized travel regulations of the Department.

F. The Department shall provide staff support to the SEMSCC and its subcommittees.

Article V SEMSCC Meetings

A. Compliance with the Open Meetings Act

1. The SEMSCC shall adhere to provisions of the Michigan Open Meetings Act, 1976 PA 267, as amended, MCL 15.261 to 15.275, et seq. which requires that all meetings shall be conducted in public.

2. Notice of meetings stating the date, time, and place shall be made to individual members of the committee at least 10 working days prior to the meeting. A schedule of each year's meetings shall be posted on the Division's webpage and made public as soon as it is completed.

3. Members of the public may address the SEMSCC during the public comment section of the agenda. Public comment is limited to three minutes per commenter.

B. Number of Meetings to be Held

The SEMSCC shall meet in accordance with Section 20916(a) of the public health code.

C. January, or the 1st official meeting of the calendar year, is the Annual Meeting

Article VI Quorum, Voting Procedures

A. Quorum for the SEMSCC and its subcommittees

1. A quorum for the SEMSCC shall consist of thirteen (13) voting members (or recognized alternates) consistent with Section 20915(7) of the code. A quorum of all subcommittees and ad hoc committees shall consist of a majority of the official members.

2. A quorum is required before voting shall occur.

B. Voting Procedures for the SEMSCC and its subcommittees

1. A majority vote of those members (or recognized alternates) present and voting is needed for official action.

a. Participation by Virtual Presence: Members of the SEMSCC or members of any subcommittee may participate in a meeting by means of virtual presence when allowed by the Open Meetings Act (i.e. via electronic device, including speaker phone, web- based conferencing, or other interactive means) provided that a quorum exists and all individuals attending the meeting can hear, and can beheard by the member(s) participating virtually. Members participating in meetings through confirmed virtual presence may vote on matters being considered. After meeting the requirements of the Open Meetings Act, virtual attendees will vote the same as everyone else attending, either through voice vote or roll call when necessary.
b. The public may contact members, whether attending virtually or not, via the Department's email, which is to be posted on the agenda and the annual schedule.

Article VII — Procedure for Electing Officers

A. Method of Selecting Chairperson and Vice Chairperson

The SEMSCC annually shall elect a chairperson and vice chairperson from its voting members for a one-year term with eligibility for reelection annually. An individual must have served at least one year on the SEMSCC to be eligible for nomination as Chairperson or Vice Chairperson. The offices of chairperson and vice chairperson shall not represent the same constituency.

Selection of Chair and Vice Chair, beginning with the first annual meeting, shall occur during the month designated by the SEMSCC. Selection of officers shall be determined by a majority of the SEMSCC members present and voting.

B. Responsibilities of Chairperson and Vice Chairperson

The chairperson or, in his/her absence, the vice chairperson shall preside over the SEMSCC at all meetings and shall perform all functions as deemed appropriate to the office. In the event that neither the chairperson nor the vice chairperson is able to preside over a meeting or portion thereof, a majority of those present and voting shall select a temporary presiding officer.

C. Executive Secretary

The Director of the Division, or designee, shall serve as Executive Secretary of the SEMSCC for the purposes of assuring that adequate arrangements have been made for the conduct of official SEMSCC business and for the maintenance of complete and accurate records.

D. Filling a Vacancy in the Office of Chairperson or Vice Chairperson

1. If the office of chairperson becomes vacant for any reason, the vice chairperson must vacate the vice chairperson position and serve as the chairperson for the remaining period of the chairperson's term.

2. If the office of vice chairperson becomes vacant as a result of the vice chairperson becoming the chairperson under #1 above, or for any other reason, the Bylaws/Nominating committee will provide a slate for the election of a new vice chairperson. A person elected to the office of vice chairperson under this provision must meet all the requirements for the office contained in these Bylaws.

3. If both the office of chairperson and the office of vice chairperson become vacant simultaneously, the Bylaws/Nominating committee will prepare a slate for the office of both the chairperson and vice chairperson. A person elected under this provision must meet all the requirements contained in these Bylaws for the office that they are elected to and shall serve until the next annual meeting of the SEMSCC.

Article VIII Subcommittees of the SEMSCC

A. Subcommittees of the SEMSCC

1. Establishment of Subcommittees

All subcommittees shall have at least one designated SEMSCC member representative and be made up of a majority of subject matter experts with priority given to SEMSCC constituent groups. Subcommittee members will be appointed for 3-year terms. Subcommittees will annually select a Chair from among the SEMSCC approved membership (except as provided for in Article VIII, A, 1, (g). If at any time, for any reason, an SEMSCC subcommittee member's designation ends before the term's expiration, the Chair may appoint a new SEMSCC subcommittee member representative to complete the remainder of said term. Subcommittees shall include, but not be limited to:

a. Bylaws/Nominating Subcommittee

(1) This subcommittee shall consist of five (5) members elected by the SEMSCC with not more than one (1) member elected from any constituency group. Membership is limited to members of the SEMSCC.

(2) The subcommittee shall be responsible for reviewing the SEMSCC bylaws as needed and for submitting a slate of nominations to the SEMSCC for the election of officers and subcommittee membership.

b. Quality Assurance Task Force (QATF)

(1) This task force shall consist of nine (9) members appointed by the SEMSCC with the advice and consent of the Department every three years. The majority of the members shall be individuals who are not currently serving on the SEMSCC as required by Section 20916(1). The State Medical Director shall be a member of the committee. At least one member shall be a member of the SEMSCC. The task force must have, at a minimum, the following expertise:

(a) Two Physicians Certified in Emergency Medicine
(b) Pharmacist
(c) Two Paramedics
(d) Emergency Medical Services Director

(2) Review and make recommendations to the Department concerning the approval of Medical Control Authority applications, protocols, and revisions.

(3) Review and make recommendations to the Department concerning field studies.

(4) Conduct other quality assurance activities as requested by the director. The QATF will conduct Professional Standards Review Organization activities, as requested.

(a) All members will sign an annual confidentially non-disclosure agreement.

(5) Report its decisions, findings, and recommendations to the SEMSCC and the Department.

(6) Vacancies on the task force will be filled on an interim basis by the appointment by the Chairperson with advice and consent of the Department.

c. Education Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS education in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to EMS education and testing issues in the state.

d. Medical Control Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in medical control in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to medical control issues in the state.

e. Ambulance Operations Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS operations in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to EMS ambulance operations in the state.

f. Compliance and Ethics Subcommittee

(1) This subcommittee shall consist of seven (7) members elected by the SEMSCC every three years, with not more than one (1) member elected from any constituency group. Membership is limited to members of the SEMSCC. This committee serves as a Professional Standards Review Committee for compliance matters.

(a) All members will sign a confidentiality non-disclosure agreement when convened.

g. Air Medical Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS operations in the state. A majority of the membership will be affiliated with either an air ambulance operation or an aircraft transport operation. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to air medical operations in the state.

h. EMS Safety Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS operations in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to EMS safety in the state.

i. Communications Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS communications in the state and will include the State 911 Director. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to EMS communications in the state.

j. Statewide Trauma Advisory Committee (STAC)

(1) The subcommittee shall consist of ten (10) members appointed every three years by the Director of the Department. The subcommittee shall annually select a member to serve as chairperson. A member who is unable to complete a term shall be replaced for the balance of the unexpired term. The subcommittee must have the following expertise:

(a) Two trauma surgeons who are trauma center directors.
(b) One trauma nurse coordinator
(c) One trauma registrar
(d) One emergency physician
(e) Two administrative hospital representatives, 1 of whom represents a hospital designated as a level I or level II trauma center by the American College of Surgeons committee on trauma and 1 of whom represents a hospital a hospital that is not designated as a level I or level II trauma center by the American College of Surgeons committee on trauma.
(f) One life support agency manager who is a member of the SEMSCC.
(g) Two medical control authority directors, 1 of whom represents a rural county and 1 of whom represents a non-rural county.

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to trauma in the state.

(3) Shall establish ad hoc committees as necessary to

accomplish those tasks identified in the most recent State Trauma Plan, or as designated by the SEMSCC or the Department.

a. Each ad hoc committee shall have as its chair a member of the STAC
b. Ad hoc committees shall operate in a manner consistent with STAC
c. Ad hoc committee members shall be appointed annually by the STAC

(4) Report its decisions, findings, and recommendations to the SEMSCC and the Department

Six members constitute a quorum for the transaction of business.

i. STAC Designation Subcommittee

(1). This committee is a subcommittee of STAC and shall be comprised of:

(a) ~~A clinical expert in trauma from each of the eight Regional Trauma Networks.~~ The Designation Subcommittee shall consist of: a minimum of, two board certified trauma surgeons; two board certified ED physicians, two trauma program managers from Level I or Level II trauma hospitals. Each Regional Trauma Network will submit the names of candidates to the Department for consideration. Appointments will be made by the Department following application review ~~and recommendations by the STAC and SEMSCC~~. Members will serve a

term of three years. The Designation subcommittee membership may be amended at the discretion of the Department ~~and / or the SEMSCC~~.

(b) A chairperson shall be annually appointed by the ~~STAC~~committee. The Chairperson will be responsible for chairing the meeting and reporting the proceedings to the STAC/EMSCC. In addition, the Chairperson will be responsible for providing any tie breaking vote.

(2). The Designation Subcommittee will advise and assist the Department in designating the appropriate trauma level for each verified acute care facility.

(a) The Department, with the advice and recommendations of the EMSCC and STAC, is required to designate trauma facilities with respect to the American College of Surgeons Verification Standards and Administrative rules. The Designation Subcommittee will be responsible for reviewing Trauma Designation applications for compliance with rules and standards. The Designation Subcommittee will make recommendations to the STAC, EMSCC and Department for designation approval. In addition, the Designation Subcommittee will review the site visit reports of the state verification teams for Level III and Level IV hospitals in order to recommend Department final verification and designation.

k. Pediatric Emergency Medicine Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS ~~operations~~ for Children in the state, to include members prescribed by the Federal EMSC grant and the Division, as well as at-large members. There are to be additional ex-officio members prescribed by the Federal EMS Grant and the Division. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years. The assigned roles are:

(a) Federal
- Nurse with emergency pediatric experience
- Physician with pediatric training
- Emergency Physician
- Emergency medical technician (EMT) or paramedic who is currently a practicing, ground-level prehospital provider
- Family representative

(b) Federal Ex-Officio
- EMS state agency representative
- EMSC project director

- EMSC grant manager

(c) State

- TITLE V Maternal Child Health Block Grant Representative
- Michigan Center for Rural Health Representative
- Injury Prevention Representative
- School Nurse Representative

(d) State Ex-Officio

- EMS Education Coordinator
- State Systems of Care Representative
- Emergency Preparedness Representative

~~(1)~~

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to the EMS ~~ambulance operations~~for Children program in the state.

j. Data Subcommittee

(1). This subcommittee shall consist of thirteen (13) individuals having experience in the use of EMS data. Membership is not limited to members of the SEMSCC. Membership to the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.

(2). This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to data collection and analysis in the state.

m. Rural EMS Subcommittee

(1) This subcommittee shall consist of eighteen (18) individuals representing a broad spectrum of rural EMS providers from around the state. Membership is not limited to members of the SEMSCC. One of the above-mentioned individuals must be a licensed medical first responder and priority will be given to SEMSCC members from these areas. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.

(2) The rural EMS providers, as described in section shall come from the following description and map provided.

i. Two members from the Western Upper Peninsula. (Gogebic, Ontonagon, Iron, Baraga, Houghton, and Keweenaw counties).
ii. Two members from Central Upper Peninsula (Marquette, Dickinson, Menominee, Alger, and Delta counties).
iii. Two members from Eastern Upper Peninsula (Schoolcraft, Luce, Mackinac, and Chippewa counties).
iv. Two members from Northern Michigan (Emmett, Cheboygan, Presque Isle, Charlevoix, Leelanau, Antrim, Otsego, Montmorency, Alpena, Benzie, Grand Traverse, Kalkaska, Crawford, Oscoda, and Alcona counties).
v. Two members from Mid-Michigan (Manistee, Wexford, Missaukee, Roscommon, Ogemaw, Iosco, Mason, Lake, Osceola, Clare, Gladwin, Arenac, Oceana, Newago, Mecosta, and Isabella counties).
vi. One member from the thumb area (Huron, Tuscola, and Sanilac counties).
vii. One member from Southern Michigan, rural counties (St. Joseph, Branch, Hillsdale, and Lenawee counties).
viii. One currently active member from a rural Medical Control authority physician Medical Director.
ix. One member from Michigan Center for Rural Health.
x. One member must be the EMSCC Chairman.
xi. One member from the Air Medical.
xii. Two members may come from representation from anywhere in the state.

(3) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities and issues related to rural EMS in the state.

n. Legislative Subcommittee

(1) This subcommittee shall consist of thirteen (13) individuals representing a broad spectrum of interest groups involved in EMS legislation in the state. Membership is not limited to members of the SEMSCC. Membership of the subcommittee will be recommended by the Bylaws Subcommittee and confirmed by the SEMSCC every three years.

(2) This subcommittee will review and make recommendations to the SEMSCC and the Division regarding activities related to EMS legislations in the state.

2. Selection of Members to Subcommittees

Subcommittee membership is described in the Bylaws above. Additional nominations will be accepted from the floor.

3. Responsibility of Subcommittees

Each subcommittee established by the SEMSCC shall perform the functions assigned to it by the SEMSCC.

4. Subcommittee Meetings

Subcommittees shall meet as deemed appropriate to perform assigned functions. A record of all subcommittee meetings shall be maintained and submitted to the SEMSCC. Each subcommittee will elect their chairperson and make this election known to the chairperson of the SEMSCC. Meetings of subcommittees are subject to the open meetings act, 1976 PA 267, MCL 15.262 to 15.261 to 15.275.

5. Standing of Subcommittee Members

The chairperson of a SEMSCC subcommittee shall request the Bylaws subcommittee to review a member's standing in a committee i.e. conflicts, attendance, licensing or other issues affecting a member's good standing. The Bylaws subcommittee will make a recommendation to the SEMSCC regarding the standing of the member. This may include removal of an individual from a subcommittee.

B. Ad Hoc Committees of the SEMSCC

1. Establishment of Ad Hoc Committees

Ad Hoc committees, as appropriate, may be established by the SEMSCC and may include individuals who are not members of the

SEMSCC. Members shall be appointed by the chairperson of the SEMSCC. The Ad Hoc committees' terms will be limited by the time required to accomplish the special tasks for which the committee was established.

Article IX Appeals of Local Medical Control Decisions

The SEMSCC shall adopt a procedure for hearing appeals of medical control decisions consistent with Section 20916 (f) of the Code. A variance to a medical control decision may be granted by the Department only if the Department determines that the variance is appropriate to protect the public health, safety, and welfare. This procedure will provide a forum for both written and oral presentations by all parties to the appeal. Based on both written and oral presentations, and SEMSCC deliberations, the SEMSCC will make recommendations to the Department for the resolution of the appeal.

Article X Parliamentary Procedure

Any questions concerning procedures arising at a meeting of the SEMSCC or subcommittee shall be resolved by the presiding officer in accordance with these Bylaws. In the case of a question not clearly resolved by these Bylaws, the question shall be resolved by reference to the latest edition of Robert's Rules of Order Revised, and the meeting shall proceed in accordance with the decision based on said rules.

The chairperson shall appoint a person to serve as parliamentarian at meetings of the SEMSCC. The duties of the parliamentarian shall be to advise the presiding officer with respect to any matters pertaining to parliamentary procedure.

Article XI Standards of Conduct, Conflict of Interest

A. SEMSCC members and subcommittee members are subject to the Code of Ethics for Public Officers and Employees MCL 15.341-15.348.

B. Conflict of Interest Definition

A conflict of interest for SEMSCC members (or recognized alternates) serving on the Committee or standing subcommittees shall exist under the following conditions:

1. The individual member (or recognized alternates) or a member of his/her immediate family has a direct personal or monetary interest in the matter under consideration; or

2. The individual member (or recognized alternative) has a fiduciary interest in or is an employee agent or attorney of an agency, organization, or institution which has a fiduciary impact by the issue being discussed.

C. Procedure

If a SEMSCC member (or recognized alternates) or a subcommittee member has a conflict of interest regarding a matter under consideration, the member shall announce the conflict and may not deliberate or vote on the matter being considered. Deliberation includes all discussion of the pertinent subject matter, even before a motion is made. Conflict of interest of the member (or recognized alternate) shall not affect the quorum

Article XII Correspondence, Books, and Records

The Division shall keep correct and complete copies of the correspondence, books, and records and shall also keep minutes of the meetings of the SEMSCC and all its subcommittees. All materials shall be kept public and may be inspected at any reasonable time at the Division program offices.

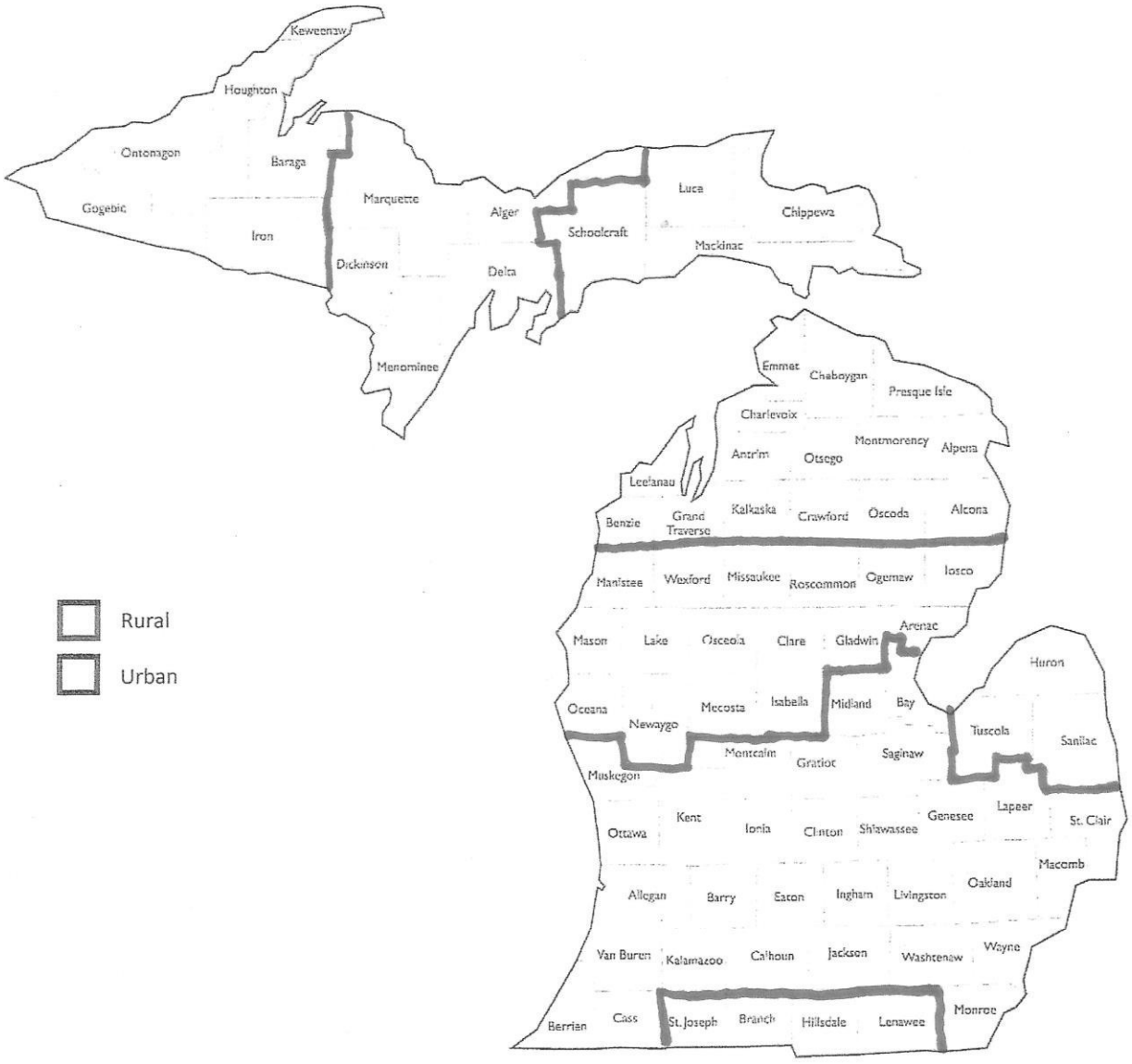
Article XIII Amendments of Bylaws

Proposed amendments to these Bylaws will be referred to the Bylaw/Nominating Subcommittee by the SEMSCC. The subcommittee will meet in a timely fashion to review the proposed amendments and draft them in appropriate language. Proposed amendments will be deemed to be approved if passed by a majority of the voting members of the SEMSCC after the SEMSCC members have been given, in writing, at least 30 days to consider proposed amendments and the committee report.

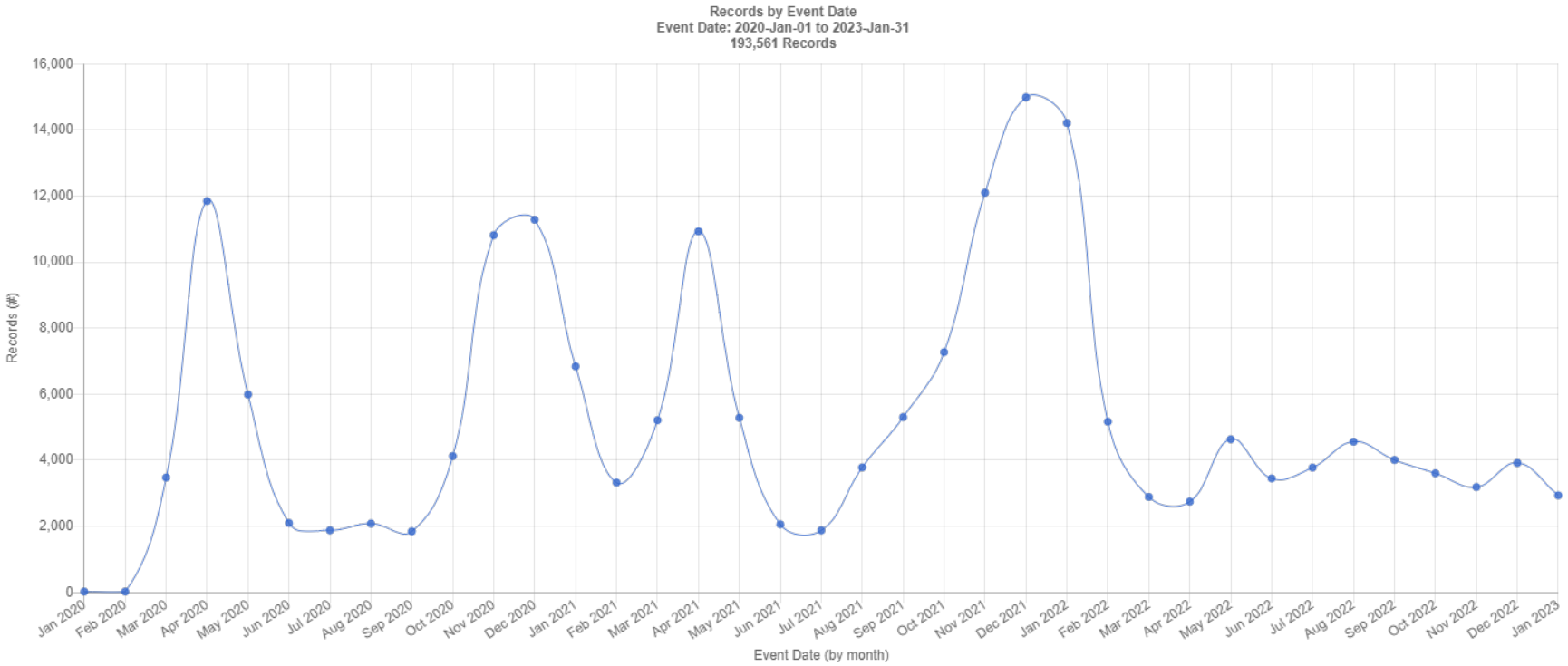
These Bylaws supersede and replace the approved Bylaws dated ~~March 18, 2022~~January 20, 2023.

Michigan Rural Urban Counties

(When Micro is Considered Rural)

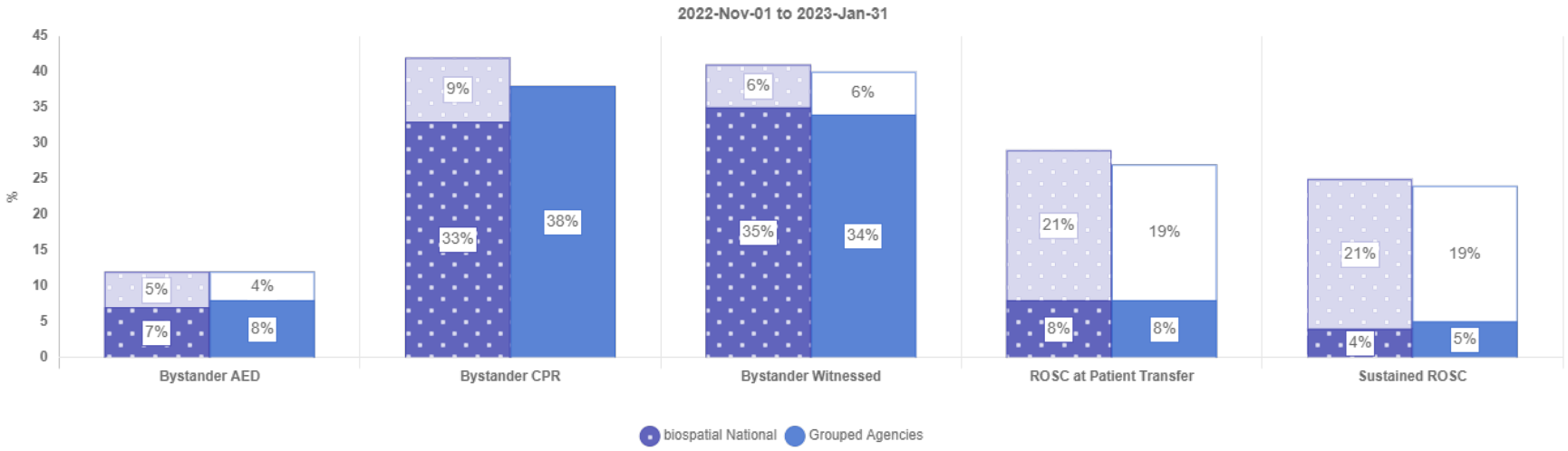


Covid 19 Syndrome



The COVID-19 syndrome is designed to capture potential Coronavirus Disease 2019 (COVID-19, also referred to as Wuhan coronavirus or 2019-nCoV) patients. While EMS may not have the capability to diagnose COVID-2019, documentation and detection of possible cases will assist users in surveillance and may initiate follow-up investigation. This syndrome analyzes the record for symptoms of respiratory, gastro-intestinal, or influenza-like illness (fever, cough, shortness of breath, lower respiratory infection, pleural effusion, diarrhea, etc.), as well as indication of travel to an affected geographic region (Asia, China, Europe, Iran, Italy), patient contact with someone who has traveled to one of those regions, or patient contact with someone who may have COVID-19.

Cardiac Arrest Measures



Bystander AED: Percentage of cardiac arrest events occurring prior to EMS arrival for which an automated external defibrillator (AED) was utilized by a bystander. Note this metric can only be computed for NEMSIS v3 data.

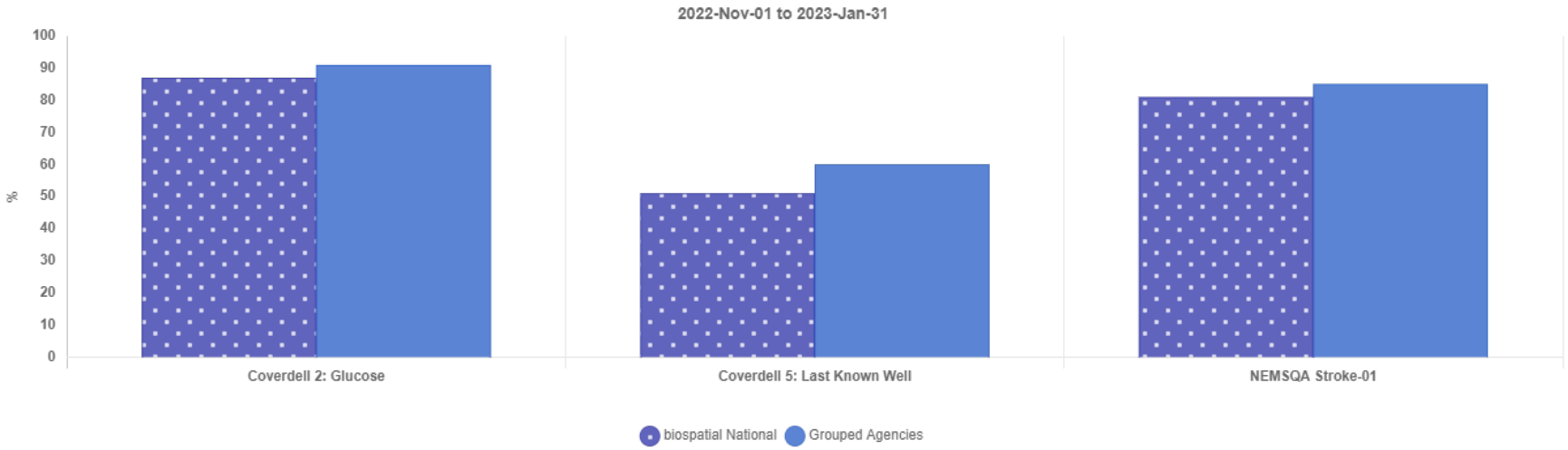
Bystander CPR: Percentage of cardiac arrest events occurring prior to EMS arrival for which cardiopulmonary resuscitation (CPR) was performed by a bystander. Note this metric can only be computed for NEMSIS v3 data.

Bystander Witnesses: Percentage of cardiac arrest events occurring prior to EMS arrival that were witnessed by a bystander.

ROSC at Patient Transfer: Percentage of cardiac arrest events for which return of spontaneous circulation (ROSC) was maintained at the time of patient transfer.

Sustained ROSC: Percentage of cardiac arrest events for which a sustained (>= 20 minute) return of spontaneous circulation (ROSC) was attained.

Stroke Measures

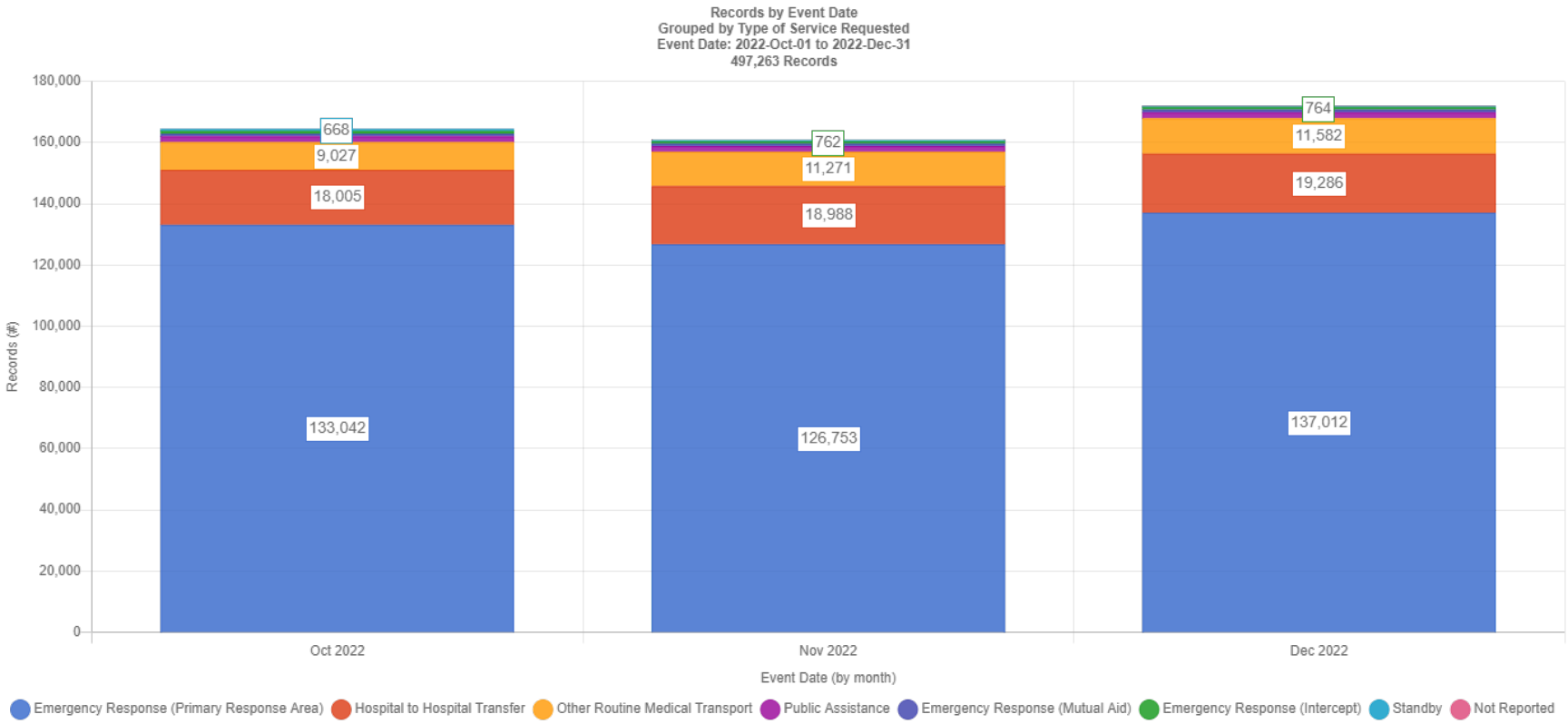


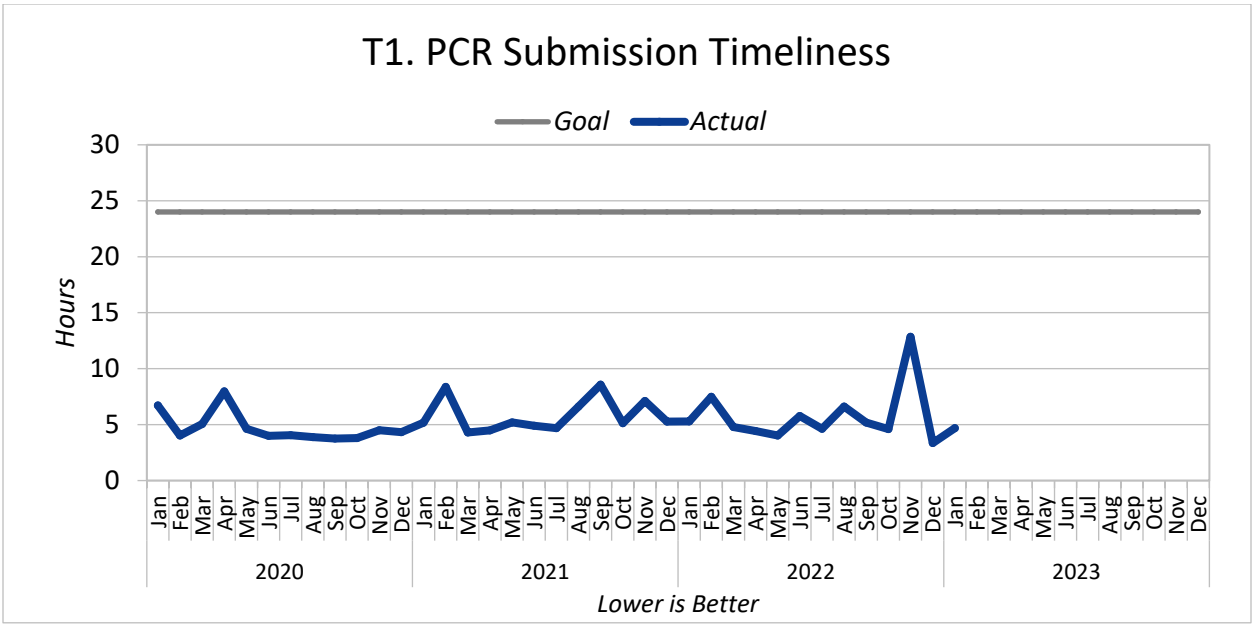
NEMSQA Stroke-01: Percentage of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response.

Coverdell 2: Glucose The purpose of this QPM is to identify assessment of blood glucose as an important pre-hospital intervention in the stroke chain of survival. Hypoglycemia is frequently found in patients with stroke-like symptoms; administering glucose may resolve neurological deficits.

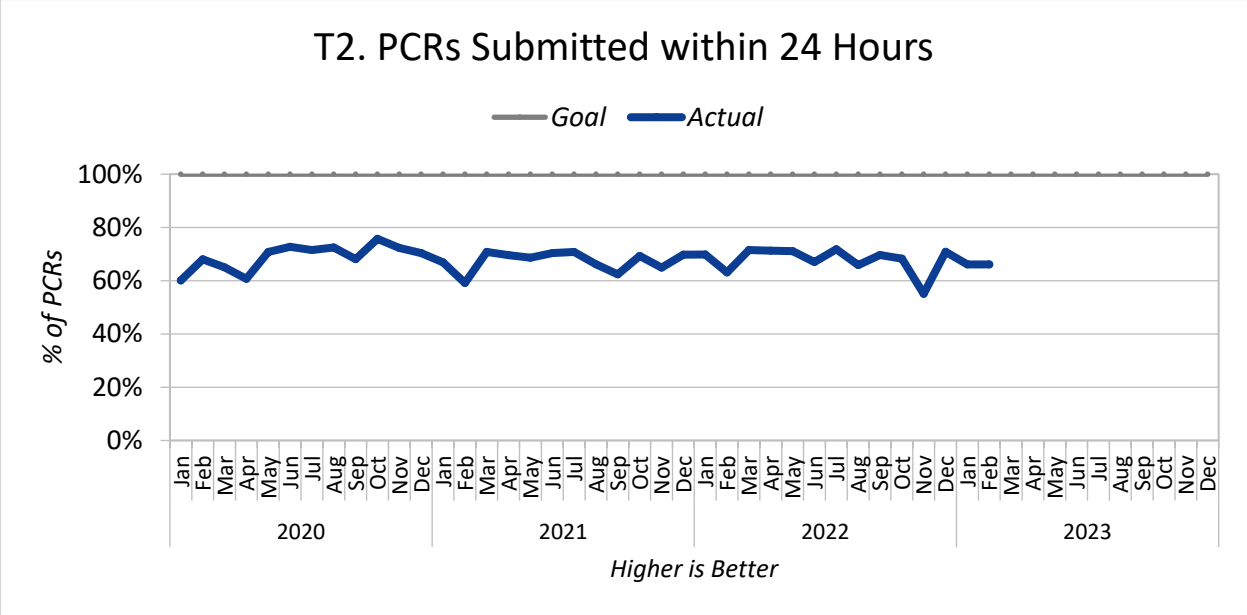
Coverdell 5: Last Known Well The purpose of this QPM is to assess EMS documentation of time last known to be well, without signs and symptoms of acute stroke, at baseline. Note this metric can only be computed for NEMSIS v3 data. NEMSIS v2 stroke records will be “unknown” for this metric.

Event Records

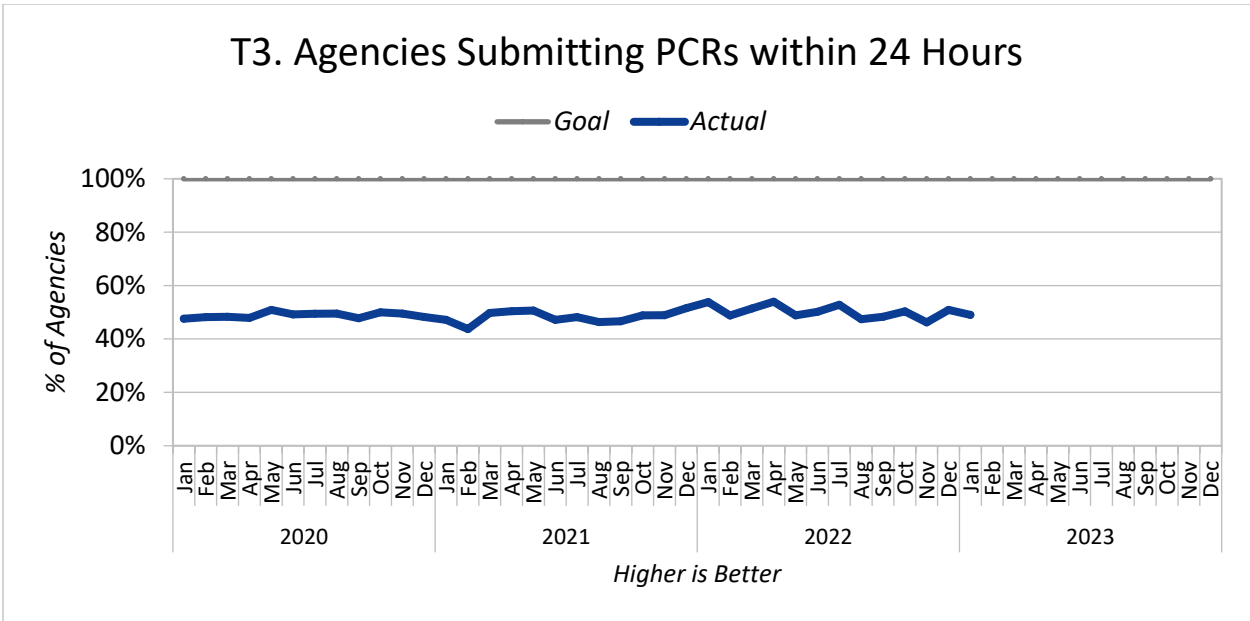




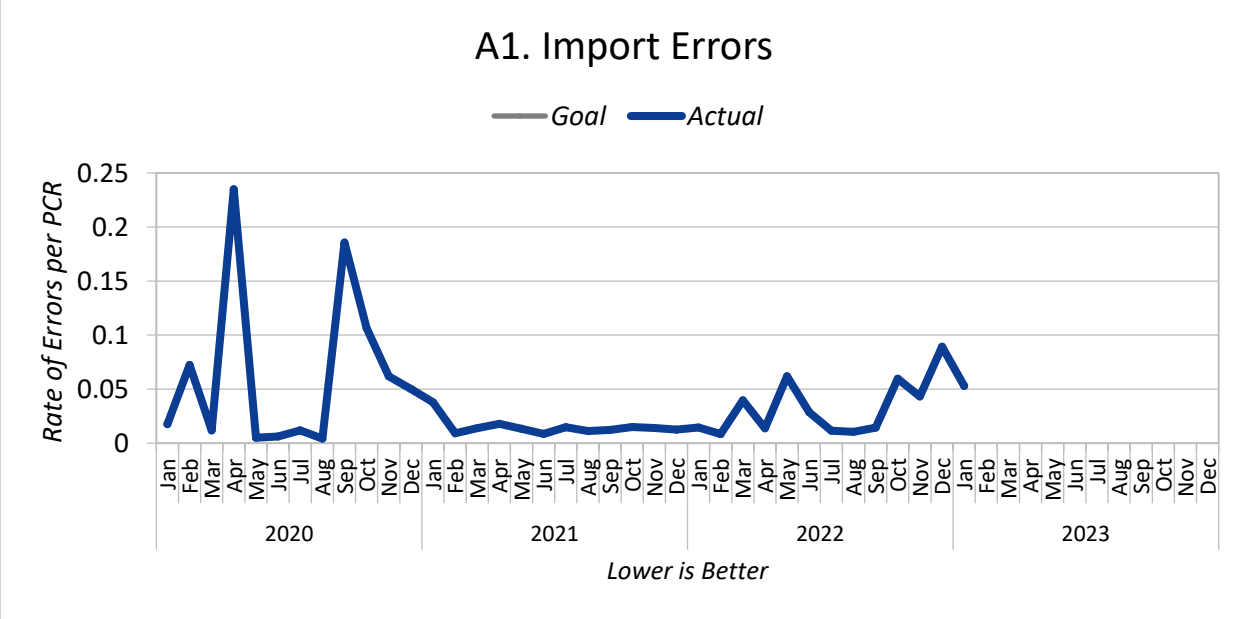
The median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call).



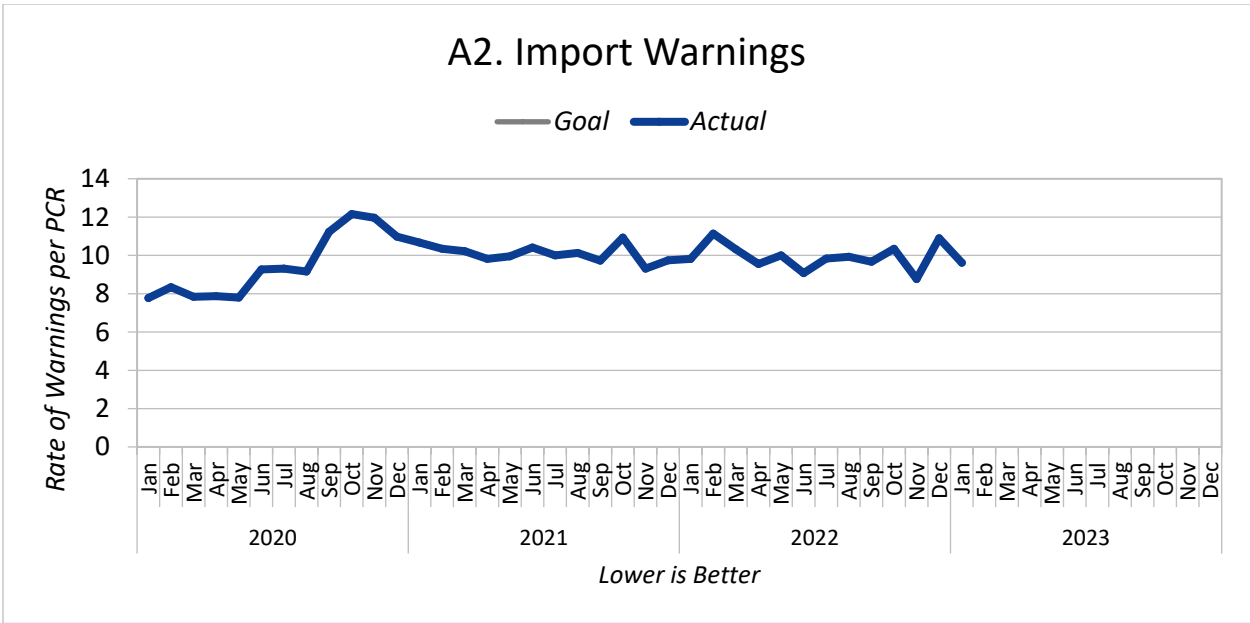
The percentage of NEMSIS version 3 patient care reports received by the state data system within 24 hours from the time the EMS unit was back in service after the call.



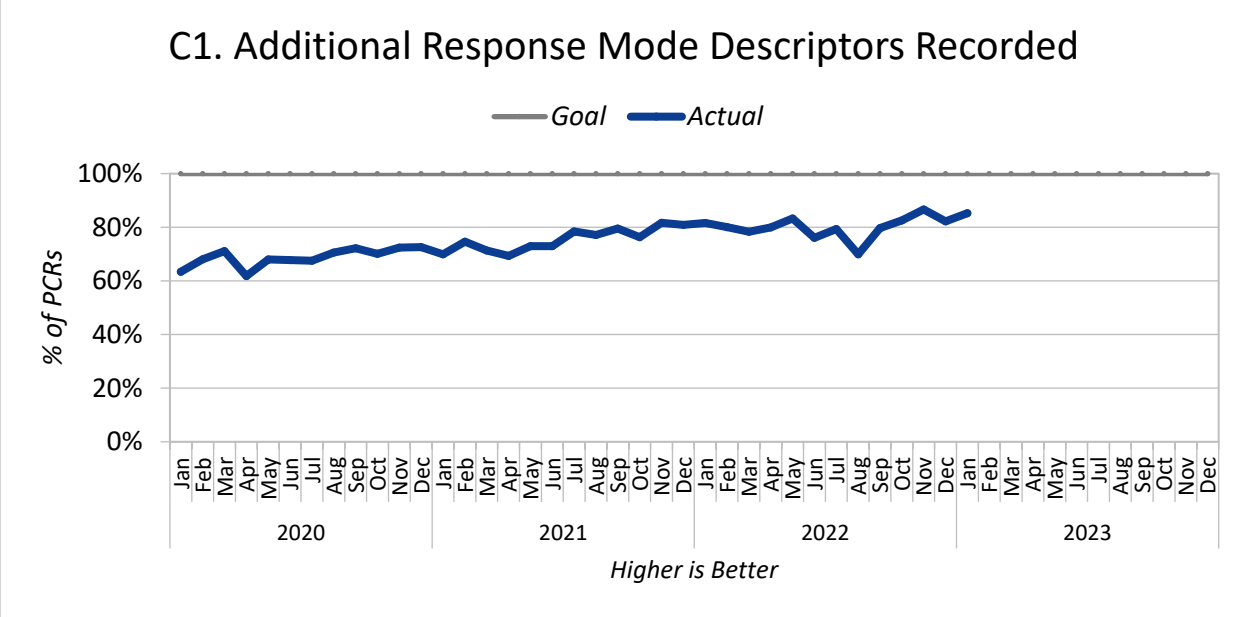
The percentage of agencies where the median number of hours that it takes for a NEMSIS version 3 patient care report to be received by the state data system (from the time the EMS unit was back in service after the call) is less than 24.



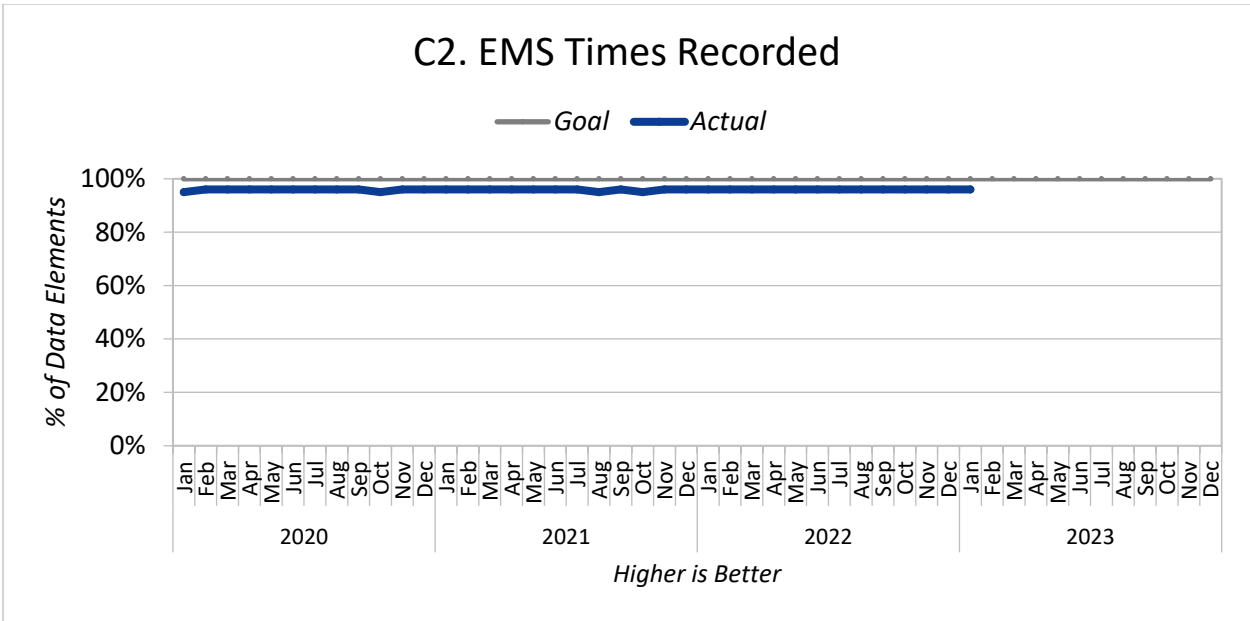
The rate of errors in NEMSIS 3 data submitted to the state EMS data system from other systems.



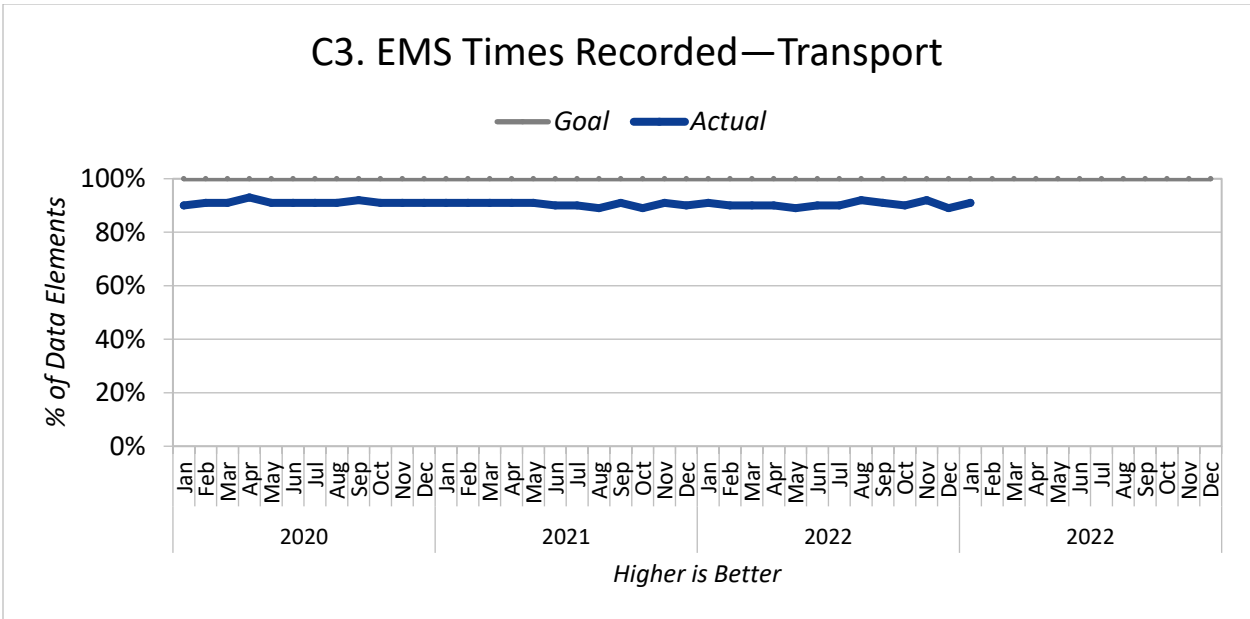
The rate of warnings in NEMSIS 3 data submitted to the state EMS data system from other systems.



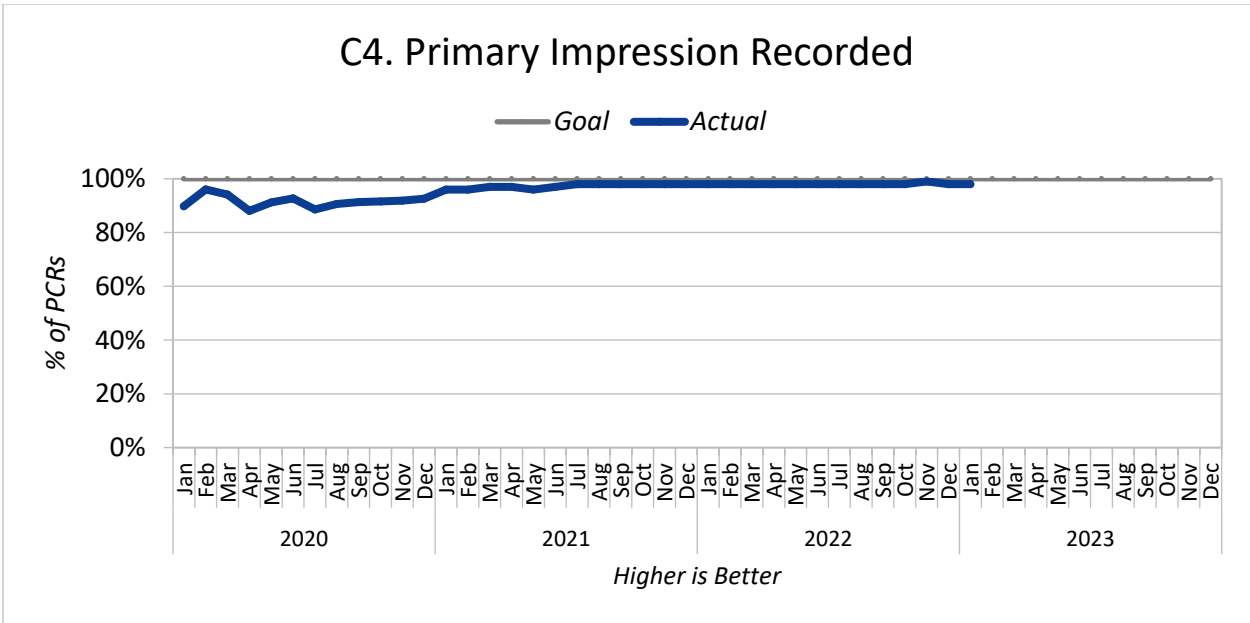
Where there is an incident scene, the percentage of patient care reports where Additional Response Mode Descriptors is recorded with a non-blank value.



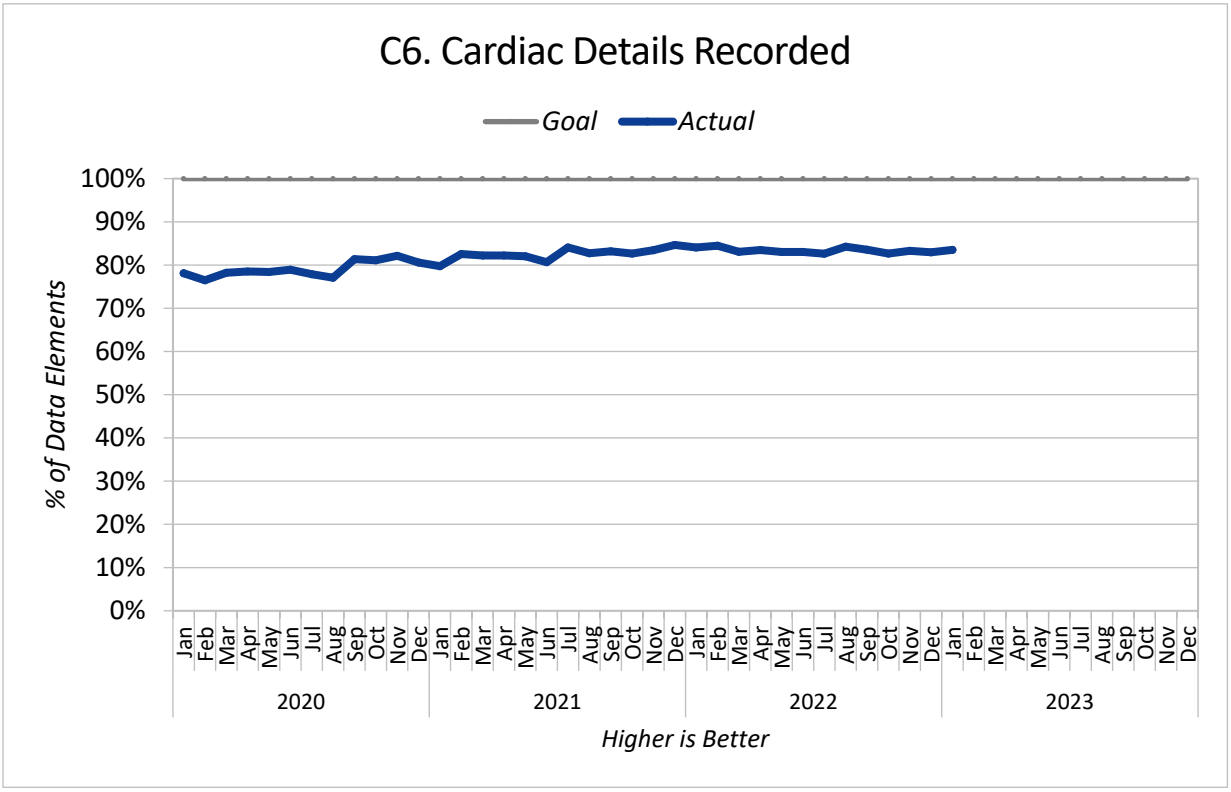
Where a patient is encountered, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



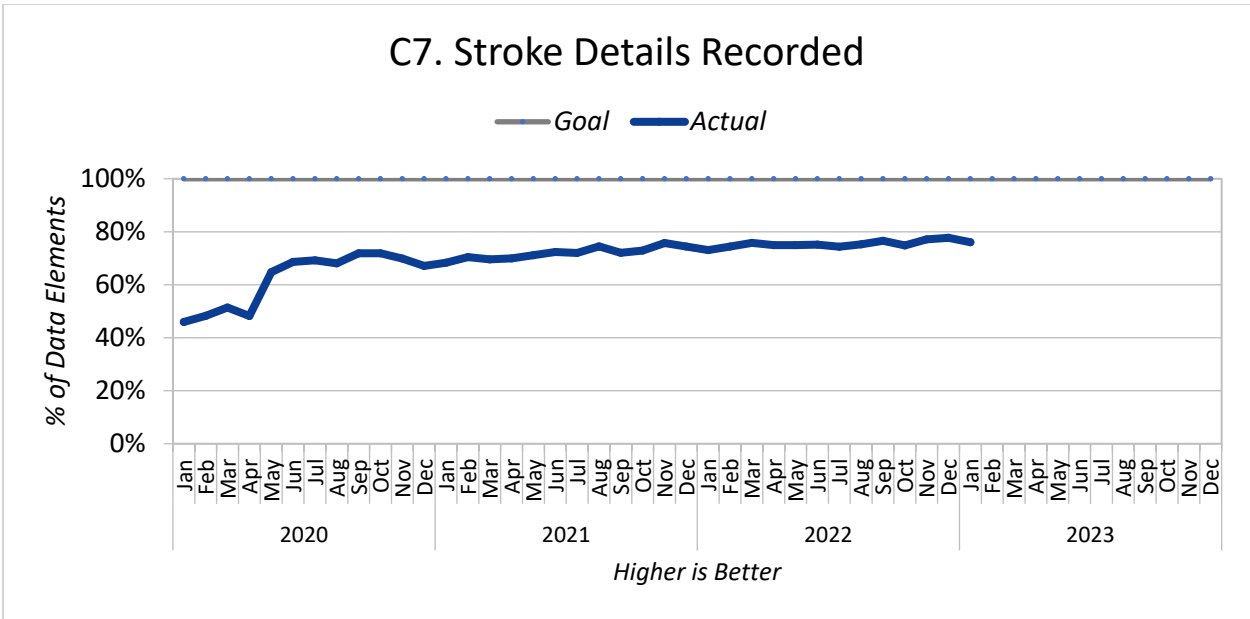
Where a patient is transported by EMS, the average percentage of selected time-related elements with a non-blank value per NEMSIS 3 patient care report.



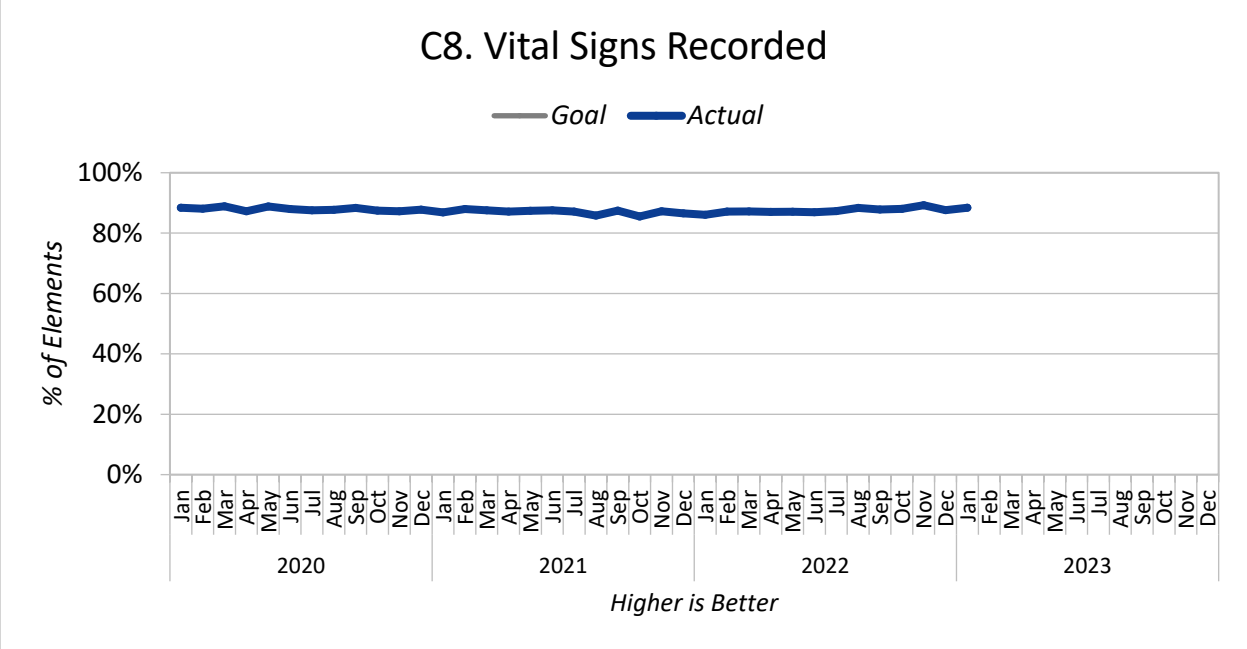
Where a patient is treated, the percentage of NEMSIS 3 patient care reports with a Primary Impression recorded



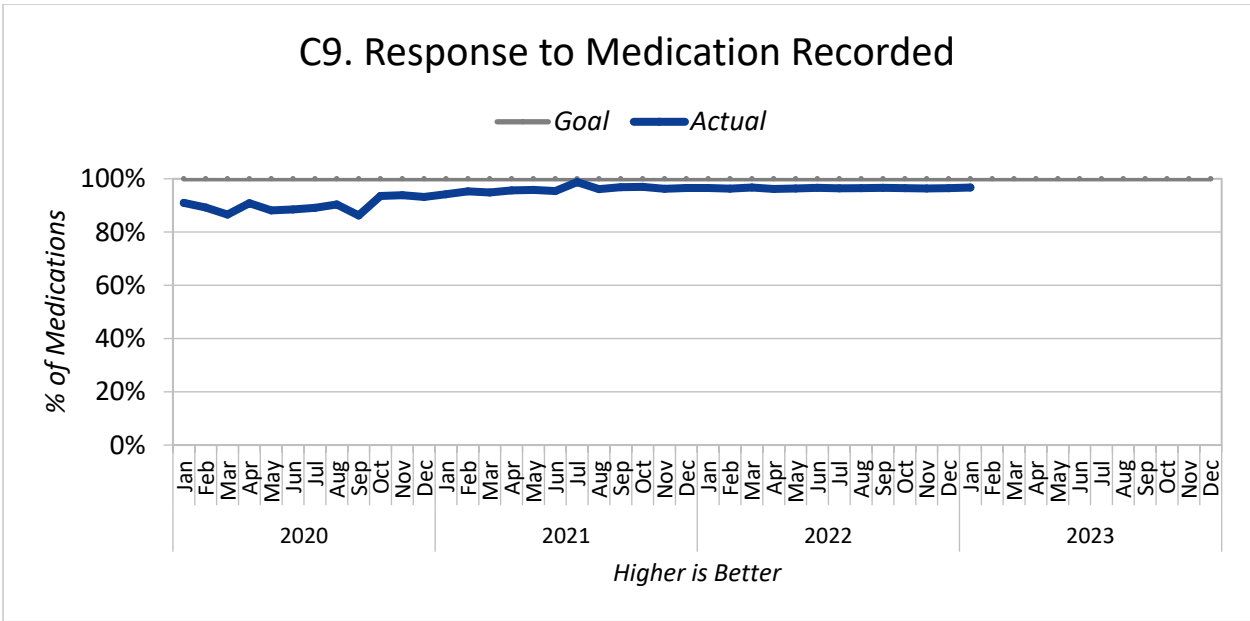
Where there is a cardiac arrest, the average percentage of selected cardiac-related elements with a non-blank value per NEMSIS 3 patient care report.



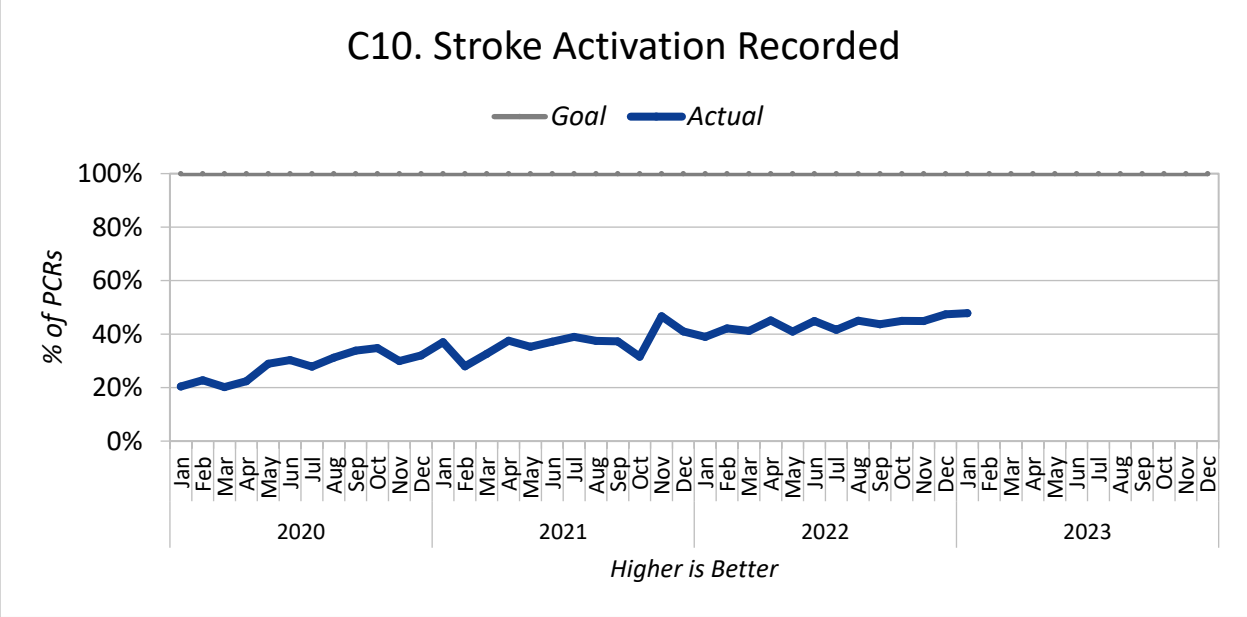
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene), the average percentage of selected stroke-related elements with a non-blank value per NEMSIS 3 patient care report.



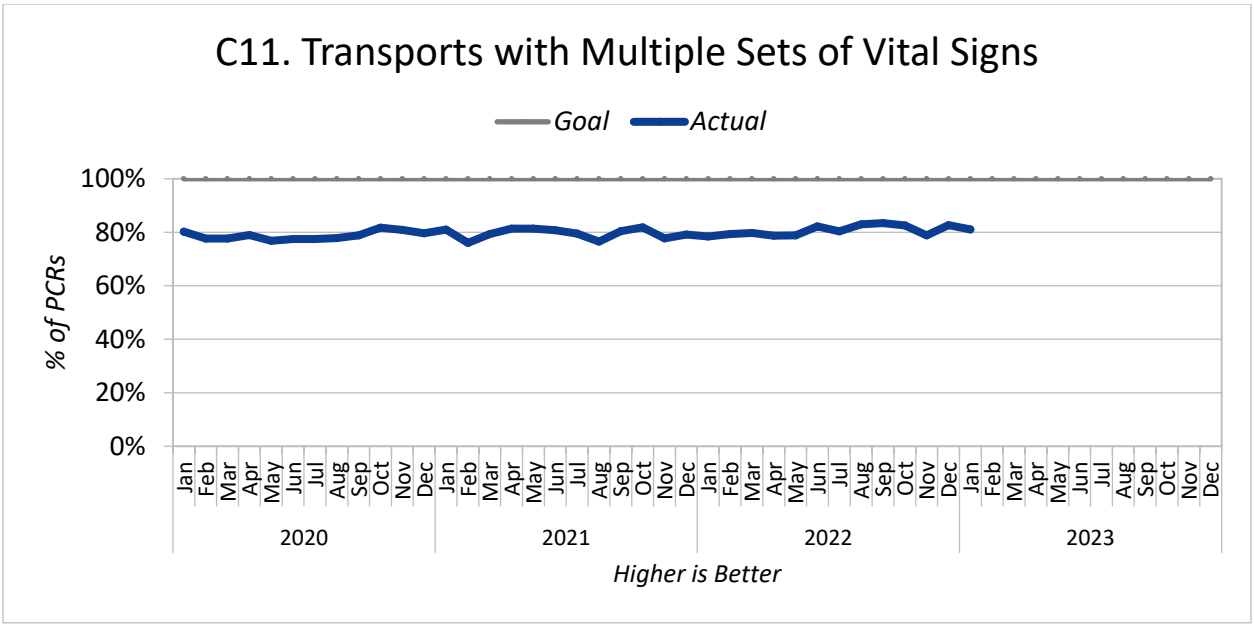
Where a patient is treated, the average percentage of selected vital sign elements with a non-blank value per NEMSIS 3 patient care report.



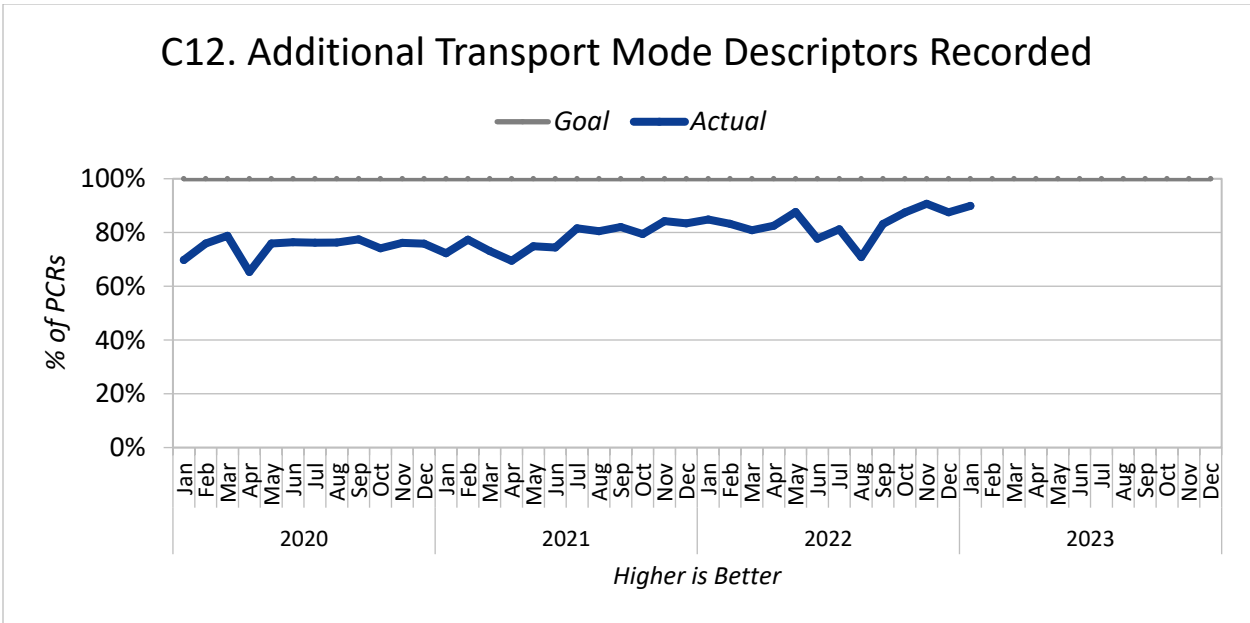
The percentage of medication administrations with Response to Medication recorded



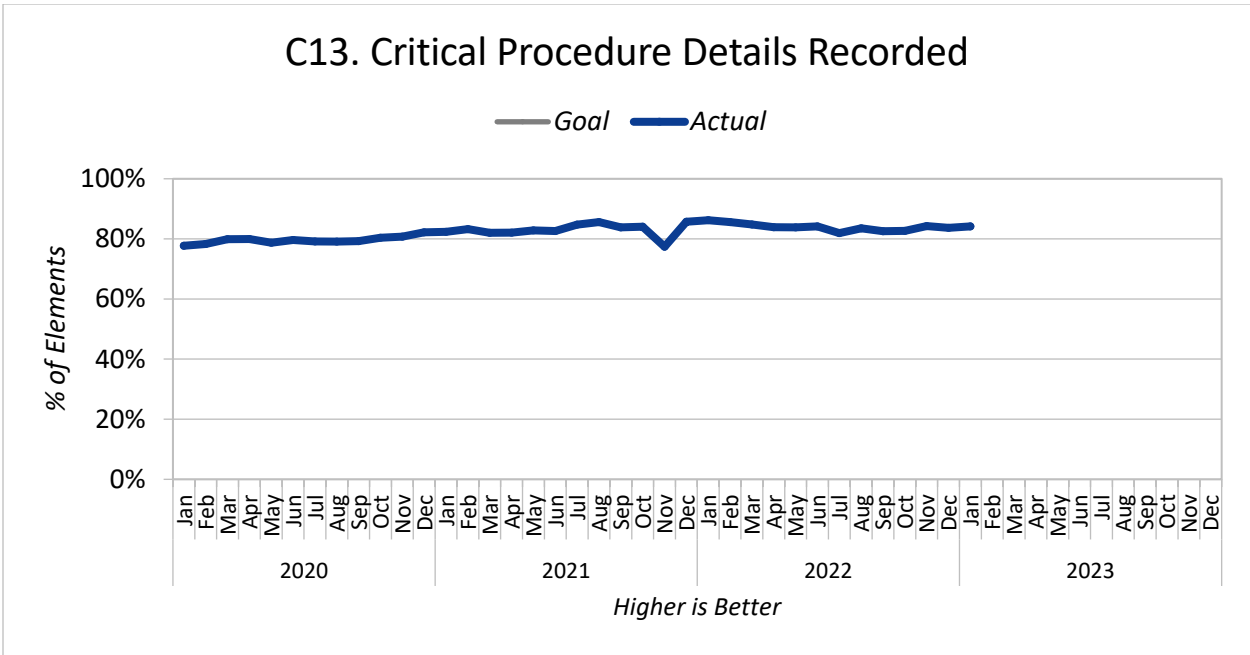
Where Primary Impression is stroke and Type of Service Requested is 911 response (scene) and a patient is treated and transported, the percentage of NEMSIS 3 patient care reports with a destination team stroke pre-arrival alert or activation recorded.



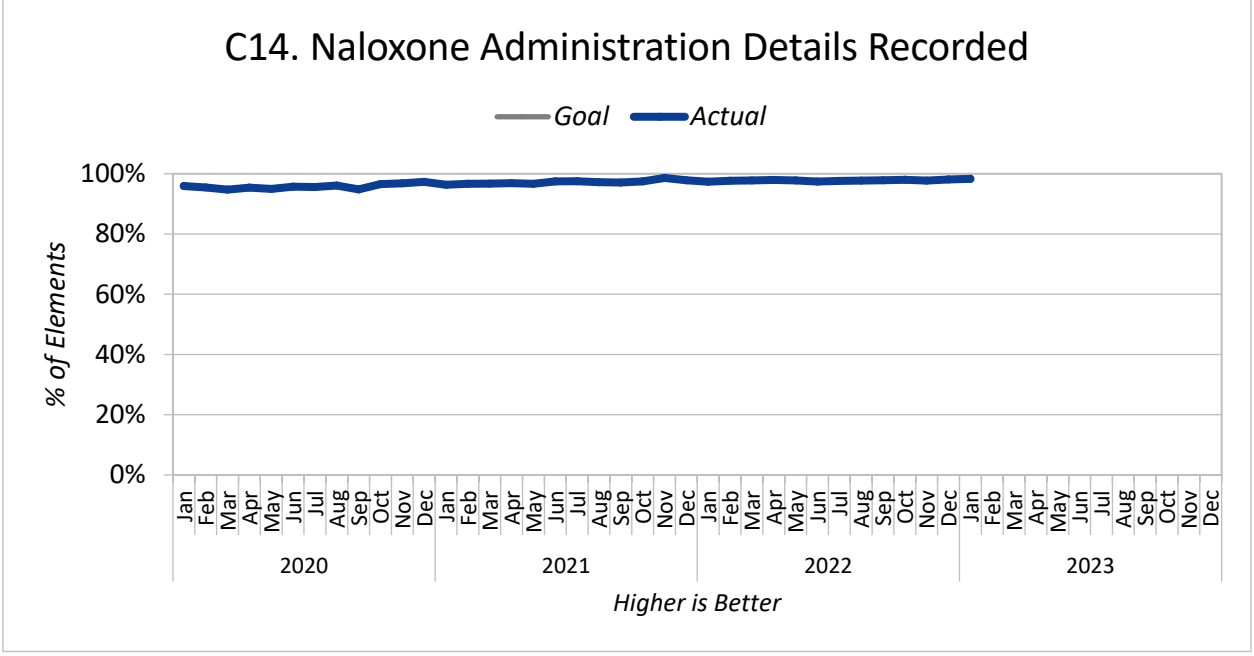
Where a patient is treated and transported, the percentage NEMSIS 3 patient care reports where more than one set of vital signs is recorded.



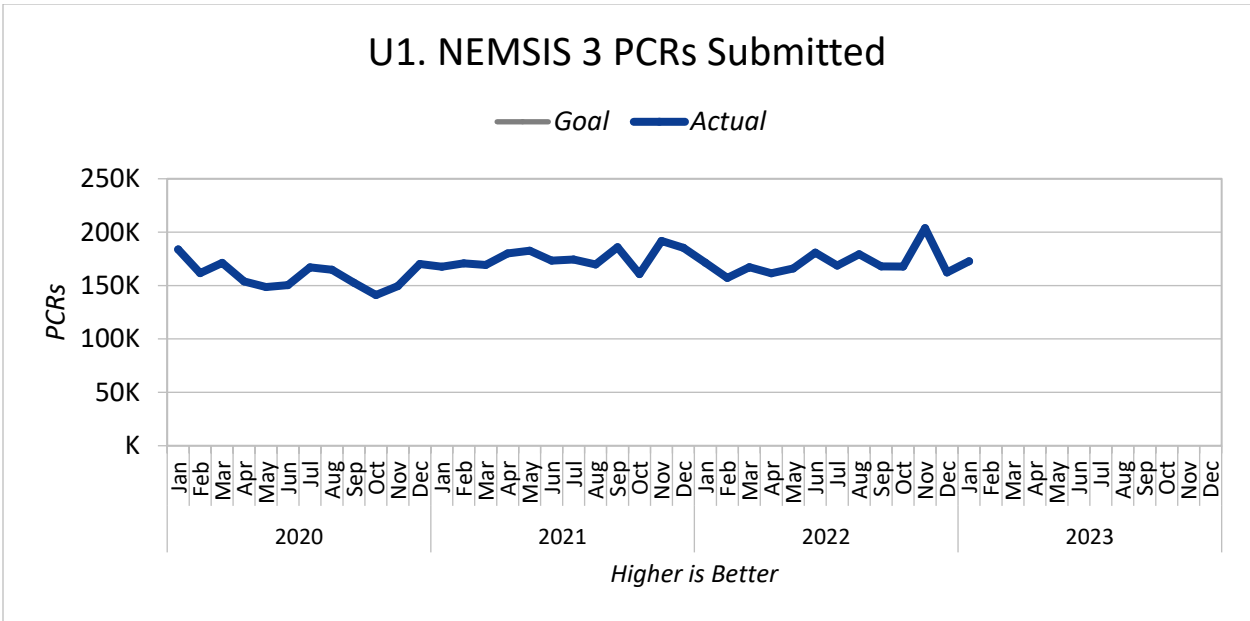
Where a patient is treated and transported, the percentage of patient care reports where Additional Transport Mode Descriptors is recorded with a non-blank value.



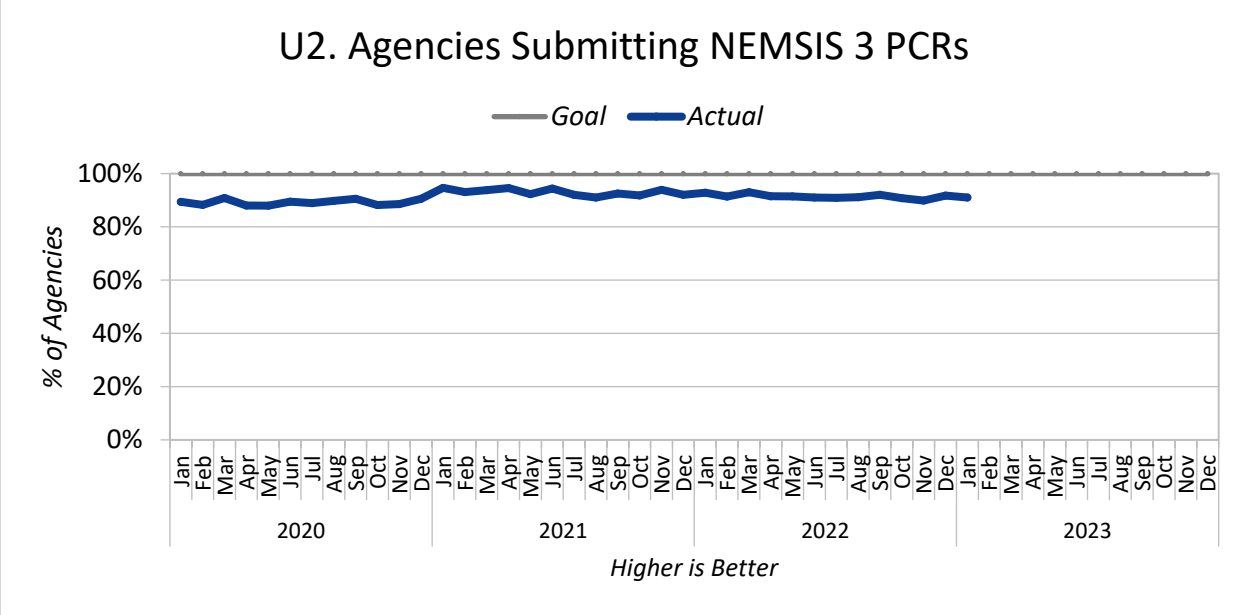
Where a critical procedure is performed, the average percentage of selected procedure-related elements with a non-blank value per procedure performed.



Where naloxone is administered, the average percentage of selected medication-related elements with a non-blank value per naloxone administration.



The number of NEMSIS version 3 patient care reports received by the state data system.



The percentage of agencies submitting NEMSIS version 3 data.