

Medical Control Authority Request for Protocol Change

MCA Name:

Medical Director Name:

Name of Submitter:

Date of Submission:

Communication included with this form from the above-named medical director indicating this form has been reviewed and approved.

ADOPTING STATE PROTOCOLS AS WRITTEN

Protocol Number	Protocol Name	MCA Adoption Date	MCA Implementation Date	Dept Use ONLY

CHANGES TO A STATE PROTOCOL WITHIN THE YELLOW SELECTION BOX ONLY

Protocol Number	Protocol Name	MCA Adoption Date	MCA Implementation Date	Dept Use ONLY

Medical Control Authority Request for Protocol Change

ADOPTING A PROTOCOL CURRENTLY UTILIZED BY ANOTHER MCA AS WRITTEN

Contents of the original protocol has not been edited, the original protocol is included with the submission, the protocol was approved by MDHHS within the last 3 years and the protocol is in current use in the MCA from which it was obtained.

Proposed Protocol Number	Proposed Protocol Name	Proposed MCA Adoption Date	Proposed MCA Implementation Date	Dept Use Only

ALL OTHER PROTOCOLS

After QATF recommendation of department approval, a clean copy of the protocol with recommended changes (if applicable), MCA adoption date and MCA implementation date will be submitted to the department at least 15 business days prior to implementation. The department will issue an approval letter within 10 business days of receipt. The MCA is then required to submit a final copy of the protocol which must include the MDHHS approval date.

Proposed Protocol Name:

Rationale:

Evidence used to determine/display the need for the change. This may include MCA level data, published articles, peer reviewed journals, etc., (explained or attached):

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. People with disabilities, visual, hearing and/or other assistance should indicate such needs. An effort will be made to provide the accommodation requested. Individuals with disabilities needing this communication in an alternative format should contact The Bureau of Emergency Preparedness, EMS and Systems of Care at 517-335-8150 (voice) or BabbN@Michigan.gov (email).