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Bureau of Emergency Preparedness, EMS and Systems of Care  
Division of EMS and Systems of Care  
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## INSTRUCTIONS FOR PROTOCOL SUBMISSION

### EFFECTIVE 2/11/2023

Medical Control Authorities (MCAs) must submit requests to implement or change protocols to the BETP via email to [MDHHS-MCAProtocols@michigan.gov](mailto:MDHHS-MCAProtocols@michigan.gov). Requests must include all required documentation. Requests sent to any other email address will not be acknowledged. Incomplete requests will not be accepted.

Requests that include all appropriate documentation as outlined below, are received before the close of business on the 10th day of a given month, will be reviewed by the QATF at the next scheduled meeting (usually the same month) when applicable. Requests received after the 10<sup>th</sup> day of the month will be reviewed by the QATF the following month. The department will advise an MCA when the protocol is scheduled to be reviewed within 10 business days of receipt. Incomplete requests are not subject to these timelines.

### TRIENNIAL REVIEW

According to R325.22202 (3), a complete protocol review generally occurs on a three-year basis, according to the Department's direction. Adoption and change requests for this process may deviate from the below. Instructions and timelines will be communicated to the MCAs.

### ADOPTING STATE PROTOCOLS AS WRITTEN

The following documents must be submitted:

- 1) A communication from the Medical Director indicating review and agreement with the submission.
- 2) A completed MCA Request for Protocol Change Form
- 3) Each Protocol with:
  - A. Yellow selection box completed (if applicable)
  - B. Footer completed, including MCA name, MCA adoption date, and MCA implementation date

These will be subject to department approval and do not require review by the QATF. All required documents must be received at least 15 business days prior to implementation date. The department will issue a communication acknowledging receipt and approval of the adoption within 10 business days of receipt.

### CHANGES TO A STATE PROTOCOL WITHIN THE YELLOW SELECTION BOX ONLY

The following documents must be submitted:

- 1) A communication from the Medical Director indicating review and agreement with the submission.
- 2) A completed MCA Request for Protocol Change Form
- 3) Each Protocol with:
  - A. Yellow selection box updated/completed
  - B. Footer completed, including MCA name, MCA adoption date (updated), and MCA implementation date (updated)

These will be subject to department approval and do not require review by QATF. All required documents must be received at least 15 business days prior to implementation date. The department will issue a communication acknowledging receipt and approval of the adoption within 10 business days of receipt.

# INSTRUCTIONS FOR PROTOCOL SUBMISSION

## **ADOPTING A PROTOCOL CURRENTLY UTILIZED BY ANOTHER MCA AS WRITTEN**

The following documents must be submitted:

- 1) A communication from the Medical Director indicating review and agreement with the submission.
- 2) A completed MCA Request for Protocol Change Form
- 3) Protocol from originating MCA (must be a currently approved and implemented protocol)
- 4) Each Protocol with:
  - A. Yellow selection box completed (if applicable)
  - B. Header with submitting MCA name, initial date reflecting submitting MCA's assumption of ownership of the protocol with no revised date
  - C. Footer with MCA adoption date and MCA implementation date
  - D. Protocol Source: Name of source protocol (including the MCA from which it was obtained)/last revision date/MDHHS approval date of the **source** protocol.
    - Example 1: **Protocol Source/References: Washtenaw/Livingston MCA; 2.1 Adult and Pediatric Trauma Triage (Last Revised 10/1/20, MDHHS Approved 11/25/20).**
    - Example 2: **Protocol Source/Reference: Washtenaw/Livingston MCA; 8.6 Credentialing of Ground Units and Services (Initial 3/10/22, MDHHS Approval 4/1/22)**

These will be subject to department approval and *may* not require review by QATF. All required documents must be received at least 15 business days prior to implementation date. The department will issue a communication acknowledging receipt and either approval of the adoption OR the need for QATF review within 10 business days of receipt.

## **EMERGENCY PROTOCOL SUBMISSIONS**

Emergency protocols may be enacted without department approval. The emergency protocol must be submitted to the department within 5 business days of implementation. The protocol may remain in effect not more than 60 days without department approval. The submission must include:

- 1) A communication from the Medical Director indicating the protocol submitted is being enacted on an emergency basis, including the intent/public health crisis being addressed.
  - A. Helpful but not mandatory, MCAs long term intentions for the protocol (e.g., do not anticipate requiring the protocol for more than 60 days, anticipate requiring the protocol for more than 60 days but not long term, possible adoption as a standing protocol).
- 2) Protocol, marked with \*EMERGENCY\* in the header, an initial date in the header, the MCA implementation date in the footer

Emergency protocols will be reviewed at the next available QATF meeting. Based on the MCA intentions, the department will provide guidance for expiration notification, renewal, or submission for transition to a standing protocol.

## **ALL OTHER PROTOCOLS**

Pursuant to Administrative Rule 325.22208, requests that include all appropriate documentation as outlined below and are received before close of business on the 10th day of a given month, will be reviewed by the QATF at the next scheduled meeting (usually the same month). Requests received after the 10<sup>th</sup> day of the month will be reviewed by the QATF the following month. The department will advise an MCA when the protocol is scheduled to be reviewed within 10 business days of receipt. Incomplete requests are not subject to these timelines.

# INSTRUCTIONS FOR PROTOCOL SUBMISSION

The following documents must be submitted:

- 1) A communication from the Medical Director indicating review and agreement with the submission.
- 2) A completed MCA Request for Protocol Change Form
- 3) Source protocol with track changes (if applicable)
- 4) Clean version which must include:
  - A. Header with submitting MCA name, initial date reflecting submitting MCA's assumption of ownership, and/or revision date if applicable.
  - B. Footer with MCA name and MCA adoption date
  - C. Protocol Source if applicable
  - D. Evidence used to determine/display the need for the change. This may include MCA level data, published articles, peer reviewed journals, etc.

Pursuant to Administrative Rule 325.22214, a protocol involving skills, techniques, procedures, or equipment that is not included in this state or national approved curriculum but is consistent with generally accepted practices at their level of licensure shall not require a special study.

The following documents in addition to 1-4 listed above, must be submitted if applicable:

- 5) Initial and refresher education requirements

Pursuant to Administrative Rule 325.22214, a medical control authority that intends to establish a protocol involving skills, techniques, procedures, or equipment that is not included in this state or national approved curriculum and is not consistent with its level of licensure shall require a special study.

The following documents in addition to 1-5 listed above, must be submitted:

- 6) Hospital institutional review board approval or other acceptable documentation as outlined in R 325.22214
- 7) Timeline clarifying the duration of study