

I. Purpose:

A. This protocol defines prerequisite and on-going requirements for prehospital provider privileges within the Region 5 Medical Control Authority Network (R5MCAN). The R5MCAN Prehospital Provider Passport (R5PPP) is designed to ensure consistent, high provider quality while supporting a unified and efficient approach to prehospital clinical care throughout the 9 counties of Region 5. Current participating counties within Region 5 include: Allegan, Barry, Berrien, Branch, Cass, Calhoun, Kalamazoo, St. Joseph, and Van Buren.

II. Ambulance Personnel Configuration Requirements:

A. Provider definitions are recognized in a consistent manner across the region though MCA's may allow for those provider levels defined in this protocol to function in different capacities based on local needs and provider availability. MCA's may select one or more options from the table below to indicate local requirements.

| | | | | |
|---------------------|----------------------------|--------------------------|-----------------------|-----------------------|
| Allegan: (2) | Barry: (1), (3) | Berrien: (1), (3) | Branch: (2) | Cass: (1), (3) |
| Calhoun: (2) | Kalamazoo: (2), (4) | St. Joseph: (1) | Van Buren: (2) | |

| | |
|------------------|--|
| Option 1: | By selecting this option the MCA allows for Level I paramedics to operate with an EMT II for the purpose of responding to pre-hospital 911 emergency requests for service. |
| Option 2: | By selecting this option the MCA requires Level I paramedics to operate with another Level I paramedic or Level II paramedic (EPIC and CCP included) for the purpose of responding to pre-hospital 911 emergency requests for service. |
| Option 3: | By selecting this option the MCA allows for a BLS level ambulance comprised of two EMT II providers to respond to pre-hospital 911 emergency requests for service. |
| Option 4: | By selecting this option Pass-ported paramedics who work greater than eight (8) shifts per quarter in an MCA other than their initially sponsored MCA are required to have an interview with the local medical director. |

III. General Requirements:

- A. The R5PPP is an optional provision. Providers may remain credentialed in their local (home) MCA and are not required to become regionally credentialed.
- B. All pre-hospital care providers must be employed by a MDHHS approved agency operating in one of the R5MCAN counties at the licensure level they will be operating at as a regionally credentialed provider.
- C. Establishment or advancement of R5MCAN privileges may only be initiated through a letter of recommendation from the employing agency in concert with the approval of the local / home MCA.
- D. Regionally credentialed providers must participate successfully in continuing education and evaluation, online training, and online communication as defined by the R5MCAN.
- E. Pre-hospital care providers must remain in good standing with the R5MCAN Credentialing Requirements as well as in good standing in each of the 9 MCA's within the R5MCAN, meeting all

Pre-hospital Provider Passport

license, certification, competency, and training requirements as described in Appendix 1.

F. The R5MCAN does not recognize grace periods or pending status for any license or certification without written permission from an R5MCAN EMS Medical Director.

G. Paramedic I and II candidates are required to have an interview with an R5MCAN approved EMS Medical Director and/or his/her designee. This interview may be conducted either in-person or virtually utilizing approved patient care scenarios and scoring criteria as set forth by the R5MCAN

1. All paramedic interviews conducted after protocol implementation must be recorded and the recording made available to the approved R5MCAN EMS Medical Directors for their discretionary review.
2. If a paramedic fails to pass the standardized interview they may retain their local/home MCA credentials but will not be approved under the R5PPP until successful completion of the interview process.
3. Remedial interviews will be conducted with the same medical director if possible.

IV. Recognized Credentials and Specific Requirements:

A. Emergency Medical Technician (EMT) II

1. Description:
 - a) An EMT II can function as the lead crew member of a BLS ambulance or a second crew member on an ALS ambulance.
2. Scope of Practice:
 - a) Functions as a second provider on an ALS vehicle under the direction of a Paramedic.
3. Specific Requirements:
 - a) Credentialing requirements as defined by Appendix 1.

B. Paramedic I:

1. Description:
 - a) Paramedic I status is awarded to individuals who have completed the R5MCAN approved probationary paramedic program and have met all requirements as defined by R5MCAN Prehospital Provider Passport protocol.
2. Specific Requirements:
 - a) Successful completion of the probationary paramedic program.
 - b) Successful oral interview with an approved R5MCAN EMS Medical Director(s) or his/her designee.
 - c) Credentialing requirements as defined by Appendix 1.

C. Paramedic II:

1. Description:
 - a) The paramedic II is an experienced paramedic who has demonstrated the ability to function independently in critical situations.
2. Specific Requirements:
 - a) Current paramedic I with a minimum one year of field experience.
 - b) Special consideration for previous external experience or exceptional performance may be considered for accelerated status at the discretion of the R5MCAN EMS Medical Directors.
 - c) Successful oral interview with an approved R5MCAN EMS Medical Director or her/his designee.
 - d) Current licensure, certifications, and competencies as described in Table 1.

D. Enhanced Paramedic Inter-facility Care (EPIC)

1. Description:
 - a) The provider with EPIC credentials may provide treatment and inter-facility transport of patients whose care exceeds the scope of practice for paramedic I and II.
2. Scope of Practice:
 - a) The EPIC paramedic will function to the limits defined by the protocols within the county of origin for specialty care transports not to exceed those defined by the EPIC protocol as adopted by the MCA of origin of the transport.
3. Specific Requirements:
 - a) Current paramedic II credentials.
 - b) R5MCAN approved EPIC training course completion and current certification.
 - c) Currently recognized EPIC training is based on protocols developed by the WMRMCC. Additional programs may be approved at the discretion of the R5MCAN.

E. Critical Care Paramedic (CCP):

1. Description:
 - a) The provider with CCP credentials may provide treatment and inter-facility transport of patients whose care exceeds the scope of practice for paramedic I and II.
2. Scope of Practice:
 - a) The CCP will function to the limits defined by the protocols within the county of origin for specialty care transports.
3. Specific Requirements:
 - a) Current paramedic II credentials.
 - b) R5MCAN approved CCP training course completion and current certification.
 - c) Currently recognized critical care paramedic programs include University of Maryland Baltimore College (UMBC) and University of Iowa. Additional programs may be approved at the discretion of the R5MCAN.

V. Agency Responsibilities:

- A. It is the exclusive responsibility of the employing agency to maintain records and ensure compliance with the R5MCAN Pre-hospital Provider Passport protocol for all credentialed employees.
- B. An agency will provide evidence of compliance as requested by the R5MCAN within two business days of inquiry.
- C. It is the exclusive responsibility of the agency to provide employees with the communication technologies required to participate with the R5MCAN.

V. Investigations and Disciplinary Action:

- A. Participating MCA's agree to report sentinel events involving R5PPP credentialed personnel to the R5MCAN PSRO.
- B. Incidents occurring outside a provider's local/home MCA may be jointly investigated by participants from both the home MCA and the MCA in which the event occurred.
- C. If, after investigation, remedial or disciplinary action is warranted, this will be issued by the provider's home MCA and reported to the R5MCAN PSRO.
- D. If a regionally credentialed provider is subject to formal disciplinary action, demotion in standing or revocation of licensure, this action will apply and be enforced across the local /home MCA and the other participating counties of the R5MCAN.

VI. Implementation:

- A. Paramedics currently operating in a participating MCA at the time this protocol is implemented may be grandfathered into R5PPP status at the joint agreement between the sponsoring EMS agency and the R5MCAN provided the EMT / Paramedic candidate(s) meet(s) the minimum standards described in Appendix 1. This provision includes a caveat that the provider must have successfully completed an in-person or virtual interview with an R5MCAN approved EMS Medical Director.

Appendix 1:

| R5 Prehospital Provider Passport Requirements | | | | | |
|--|---|---|--|--|--|
| | EMT II | Paramedic I | Paramedic II | EPIC | CCP |
| Michigan License Requirement | EMT | EMT-Paramedic | EMT-Paramedic | EMT-Paramedic | EMT-Paramedic |
| ICS 100 | Yes | Yes | Yes | Yes | Yes |
| ICS 200 | Yes | Yes | Yes | Yes | Yes |
| ICS 700 | Yes | Yes | Yes | Yes | Yes |
| MI-CIS Awareness | | Yes | Yes | Yes | Yes |
| MI-CIS Operations 1 | | Yes | Yes | Yes | Yes |
| R5MCAN Protocol Test (annual requirement) | Yes | Yes | Yes | Yes | Yes |
| Basic Cardiac Life Support (BCLS) | Yes | Yes | Yes | Yes | Yes |
| Advanced Cardiac Life Support (ACLS) | | Yes | Yes | Yes | Yes |
| Basic Disaster Life Support (BDLS) | | Yes | Yes | Yes | Yes |
| ITLS or PHTLS Or other approved equivalent | Yes | Yes | Yes | Yes | Yes |
| PEPP, PALS, EPC (2yr renewal) or other approved equivalent | Yes | Yes | Yes | Yes | Yes |
| Patient Encounters | 5 patient encounters as 3 rd rider | 75 Initially; +12 Per Quarter (ALS attending)** | 250 Initially; +12 Per Quarter (ALS)** | 250 Initially; +12 Per Quarter (ALS)** | 400 Initially; +12 Per Quarter (ALS)** |

* Consideration will be made for completion of equivalent CE coursework within same timeframe.

** May include calls performed at non-R5MCAN services



Signature Page

Allegan Co MCA _____ *[Signature]* Date 2/9/2021

Barry Co MCA _____ Date _____

Berrien Co MCA _____ Date _____

Branch Co MCA _____ Date _____

Calhoun Co MCA _____ Date _____

Cass Co MCA _____ Date _____

Kalamazoo Co MCA _____ Date _____

St Joe Co MCA _____ Date _____

Van Buren Co MCA _____ Date _____