



Excellence in Prehospital Injury Care in Montana

Emergency Medical Services & Trauma Systems Section

Department of Public Health & Human Services

AGENCY CERTIFICATION

To be an **EPIC-MT Certified** agency, an EMS/hospital provider agency is making a commitment to meet minimum training standards, maintain necessary equipment, ensure adherence to the treatment protocol, and participate in submission of traumatic brain injury (TBI) patient care and outcome related data to the EMSTS Section. These factors are imperative in the success of the EPIC-MT program and improved outcomes of TBI patients across the state.

Requirements:

1. Agency's Medical Director authorizes use of the EPIC-MT treatment protocol for use in patients with suspected traumatic brain injury.
2. Agency agrees to train at least 80% of their EMS/hospital providers to the EPIC-MT Guidelines and provide annual (at minimum) refresher trainings/drills.
3. Front line vehicles will be equipped with at least one adult and one pediatric pressure-controlled bag-valve mask with ventilation rate timing light (i.e., SmartBag).
 - o A front-line EMS vehicle is a vehicle that is fully ready to respond to an EMS call without moving equipment from another vehicle. This generally excludes command vehicles, utility trucks, and other support vehicles.
4. Agency actively uses the State ePCR system (ImageTrend) or submits EMS/trauma data to the EMSTS or Trauma Registry.

Benefits:

1. Recognition as an EPIC-MT Certified Agency.
2. Assistance with initial supply of pressure-controlled bag-valve masks with ventilation rate timers for front line vehicles.
3. Inclusion in EPIC-MT related patient outcome and continuous quality improvement reporting.
4. Knowing that you are using current, evidence-based best practice to reduce morbidity and mortality for patients who experience traumatic brain injury.



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Medical Director Authorization

Medical Director Name: _____

Medical Director Email: _____ **Phone:** _____

By signing below, I authorize (Agency Name) _____
to participate in the EPIC-MT program, including use of the treatment protocol and participation in
continuous quality improvement activities as noted below:

Protocol Authorization

I adopt the EPIC-MT treatment protocol as posted on the Emergency Medical Services and Trauma
Systems website (<https://dphhs.mt.gov/publichealth/emsts/emergencycare/>)

I adopt the EPIC-MT treatment protocol with modifications as follows:

Anticipated Start Date: _____

Signature: _____ **Date:** _____