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## Oakland County Medical Control Authority Aircraft Letter of Compliance 8-3.1 2022

Agency Name: \_\_\_\_\_  
(Print Name)

- |  | <b>Compliant</b> |
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| 1. This agency is licensed by the Michigan Department of Health and Human Services (MDHHS), or license pending.<br>Fixed Wing _____<br>Helicopter _____  | _____            |
| 2. This agency will have assigned medical personnel shall be trained and licensed in accordance with appropriate statutes, rules, criteria and ACLS certified.   | _____            |
| 3. This agency will have medical supplies, communications, equipment, procedures and protocols utilized meet criteria as established by MDHHS and Oakland County Medical Control Authority (OCMCA).  | _____            |
| 4. This agency designates the OCMCA (including its PSRO) to perform professional practice review functions on behalf of the agency, including review of pre-hospital care furnished in Oakland County and recommendations for improvement of such care.      | _____            |
| 5. This agency understands that it is the agency's responsibility to educate and update all personnel on the OCMCA protocols and policies.   | _____            |
| 6. This agency and its personnel will follow the OCMCA Medical Control Hospital Policy.  | _____            |
| 7. This agency has medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical services system.   | _____            |
| 8. This agency is responsible for completing and forwarding the necessary quality improvement data, approved by the OCMCA Board of Directors, to MI-EMSYS. For any flight in or out of Oakland County the ePCR must be sent by email or fax within 72 hours. | _____            |
| 9. This agency agrees to participate in PSRO studies, and abide by the PSRO Incident Investigation Procedure.  | _____            |
| 10. This agency has designated a Medical Control Hospital and Medical Control Physician.   | _____            |
| 11. This agency is responsible for forwarding a completed copy of each 911 run report originating in Oakland County to the OCMCA office within 24 hours of the run.  | _____            |
| 12. This agency will transport Oakland County patients as per the Oakland County Transportation Policy and Aircraft Transportation Policy (8-33, 8-3).   | _____            |
| 13. This agency will have aircraft available 24/7 for emergency scene responses.   | _____            |



NOTE: If any of the above criteria cannot be met, the provider will submit documentation explaining reasons for the exceptions.

This agency agrees to comply with the protocols, operating procedures and standards of pre-hospital care promulgated by MDHHS and the Oakland County Medical Control Authority. This will assure accountability for care rendered within our advanced emergency care system, effective this date, and as may be promulgated from time to time.

We acknowledge that each criterion and verification are subject to inspection by the EMS Medical Director or his/her physician designee at any time and at his/her direction. Should cause exist, the EMS Medical Director, or his/her designee may request formal verification.

Be advised that if your aircraft is not available 24/7 for emergency scene responses, your aircraft dispatch number will not be added to the OCMCA dispatch list that is provided to all OCMCA Life Support Agencies and Dispatch Centers.

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**COMPLIANCE:** If any of the above criteria cannot be met, the provider will submit documentation of the exceptions.

This agency agrees to comply with protocols, operating procedures and standards of pre-hospital care promulgated by MDHHS and the Oakland County Medical Control Authority, including the Agency and EMS Personnel Criteria for Participation Policy. This will assure accountability for care rendered within our advanced emergency care system, effective this date, and as may be promulgated from time to time.

We acknowledge that each criterion and verification is subject to inspection by the EMS Medical Director or his/her physician designee, at any time, and at his/her direction. Should cause exist, the EMS Medical Director, or his/her designee may request formal verification.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Medical Control Physician Signature (MCC member/alt)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Control Physician (PRINT)

\_\_\_\_\_  
State Licensed Instructor Coordinator (PRINT)

\_\_\_\_\_  
Hospital

\_\_\_\_\_  
EMS Coordinator (PRINT)

\_\_\_\_\_  
Hospital EMS Coordinator/Liaison (PRINT)

\_\_\_\_\_  
EMS QI Coordinator (PRINT)



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## OCMCA Life Support Agency Emergency Contact Information

In the event that the Oakland County Emergency Operations Center (EOC) is activated due to disasters/emergencies, additional county resources may be required. Please provide the following information:

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Agency Dispatch #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Chief/CEO: \_\_\_\_\_ E-mail address \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

EMS Coordinator: \_\_\_\_\_ E-mail address \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Second Contact: \_\_\_\_\_ E-mail address \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Third Contact: \_\_\_\_\_ E-mail address \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Please let the staff at the OCMCA know of any changes throughout the year.

Oakland County EMS Medical Control Authority  
1200 N. Telegraph Rd., Building 36E  
Pontiac, MI 48341  
Fax # - 248-975-9723  
E-mail – [ems@ocmca.org](mailto:ems@ocmca.org)