Life Support Agency Name: __________________________________________________________
(Print Name)

1. Licensed by the Michigan Department of Health and Human Services (MDHHS), or license pending. __________

2. This Agency agrees to comply with the Oakland County EMS Response Time Standards. (See EMS Response Time Standards 6-18) __________

3. Medical supplies, communications, equipment, procedures and protocols utilized meet criteria, as established by MDHHS and Oakland County Medical Control Authority. __________

4. It is the agency’s responsibility to educate and update all personnel on the OCMCA protocols and policies. __________

5. Agency and personnel will follow the OCMCA Medical Control and Participating Hospital Policy. (See Medical Control and Participating Hospital Policy 6-15) __________

6. 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 provided in Oakland County and recommendations for improvement of such care. __________

7. This agency agrees to participate in PSRO studies, EMS QI Program and abide by all PSRO policies and procedures. __________

8. Agency has designated a Medical Control Hospital and Medical Control Hospital Physician. __________

9. Units are identified through standard terminology and uniform numbering system, issued by the Oakland County Medical Control Authority. The OCMCA unit number will be documented on each run form and/or e-PCR and used in all radio communications. (See Agency and EMS Criteria for Participation Policy 6-1) __________

10. The agency has designated an EMS Coordinator, EMS QI Coordinator and State Licensed Instructor Coordinator. __________

11. The agency has Emergency Medical Dispatch (EMD) protocols to ensure the appropriate dispatching of a life support agency based upon medical need and capability of the emergency medical services system. All calls have access to pre-arrival instructions through an approved MCA EMD program that meets the American Society for Testing and Measurement (ASTM). (See Dispatch Protocol 6-10) __________

12. The agency has a policy to ensure that use of lights and sirens is based on EMD protocols and patient condition. (See Use of Lights and Sirens Policy 6-29) __________
13. The agency is responsible for completing and forwarding the necessary quality improvement data, approved by the OCMCA Board of Directors, to the MI-EMSIS on a monthly basis, by the 15\textsuperscript{th} of each month.

(Patient Care Record & Electronic Documentation & EMS Information System 5-22/5-22.1)

14. All Life Support Agencies that provide emergency response in Oakland County agree to respond to emergency requests for aid across municipal boundaries, if available to respond. This response will occur regardless of what type of primary agency (private or public) provides primary response to that municipality.

15. Completed Addendum (See Addendum).

For ALS Agencies Only
16. Provide staffing in accordance with the Agency and EMS Personnel Criteria for Participation Policy

   A. Provides two paramedics on each licensed ALS unit.

   B. Provides one paramedic/one Basic EMT on each ALS unit.

17. Personnel shall be trained and licensed in accordance with appropriate statutes, rules, and criteria and maintain current ACLS.

   (See Agency and EMS Criteria for Participation Policy 6-1)

For BLS Agencies Only
18. LICENSED NON-TRANSPORTING BLS AGENCY

   Must provide a minimum of one Basic EMT and one MFR to staff BLS unit at all times. Assigned personnel shall maintain current BCLS with training and license in accordance with the appropriate statutes and criteria.

   OR

   LICENSED TRANSPORTING BLS AGENCY

   A transporting BLS agency must provide a minimum of one Basic EMT and one MFR to staff a BLS unit for transport. Assigned personnel shall be BCLS certified with training and license in accordance with the appropriate statues, rules and criteria.

19. Personnel shall be trained and licensed in accordance with appropriate statutes, rules, and criteria and have current BCLS certification.

For MFR Agencies Only
20. Personnel shall be trained and licensed in accordance with appropriate statutes, rules, and criteria and maintain current BCLS.
Addendum to Letter of Compliance

1. Licensed transporting agency?
   Yes    No
   ______  ______

2. Agency regularly transports?
   Yes    No
   ______  ______

3. List the communities the agency primarily services.

4. List the communities your agency provides secondary services.

5. Number of vehicles:
   Non Transporting    Transporting
   MFR  ______
   BLS  ______  ______
   ALS  ______  ______

6. Number of EMS personnel.  ______

7. Agency has 12 lead EKG capabilities (ALS only).  ______

8. Agency has capnography capabilities (ALS only).  ______

9. Agency has C-PAP capabilities.  ______

10. Type of IO device used by agency (ALS only).  ______

11. Data e-PCR Reporting System (NEMSIS 3.0 or higher)

   Zoll
   ESO Solutions
   Image Trend/MI-EMSIS
   Health EMS
   Emergency Reporting
   Other
   ______

12. Attach a list of all personnel with their level of licensure.

13. Attach a copy of the current agency license.

14. Agency Annual Licensure Renewal Date  ______
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 # ___________________________

EMS QI Coordinator: ___________________________ E-mail address ____________________

Work # ___________________________ Cell # ___________________________

State Licensed Instructor Coordinator: ________ E-mail address ____________________

Work # ___________________________ Cell # ___________________________

ACES Representative: ___________________________ E-mail address ____________________

Work # ___________________________ Cell # ___________________________

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

<table>
<thead>
<tr>
<th>Authorized Representative (Signature)</th>
<th>Medical Control Physician Signature (MCC member/alt)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Representative (Print)</td>
<td>Medical Control Physician (PRINT)</td>
</tr>
<tr>
<td>Title</td>
<td>Medical Control Hospital</td>
</tr>
<tr>
<td>EMS Coordinator (PRINT)</td>
<td>Hospital EMS Coordinator/Liaison (PRINT)</td>
</tr>
<tr>
<td>EMS QI Coordinator (PRINT)</td>
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<tr>
<td>State Licensed Instructor Coordinator (PRINT)</td>
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