



Oakland County Medical Control Authority 2018 Life Support Agency Letter of Compliance

Life Support Agency Name: _____
(Print Name)

- | | Compliant |
|--|------------------|
| 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-EMSSIS on a monthly basis, by the 15th 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 statutes, 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

	Yes	No
1. Licensed transporting agency?	_____	_____
2. Agency regularly transports?	_____	_____
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.

