

Oakland County Medical Control Authority
System Protocols
 NEW OR UPGRADED EMS AGENCY APPLICATION

June, 2018

Section 8.23.1

NEW / UPGRADE LIFE SUPPORT AGENCY APPLICATION

Date: _____ Agency: _____

Complete the following:

AGENCY:		YES	NO
1.	Agrees to operate under all Oakland County Medical Control Authority protocols, policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has a medical control hospital and medical control hospital physician. Medical Control Hospital: _____ Physician (MCC member/alt): _____	<input type="checkbox"/>	<input type="checkbox"/>
3.	If proposed coverage is less than current coverage in quantity of vehicles, level of licensure, or average response time, justification is attached explaining the reason for the proposed coverage.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have the owners/officers of the agency have ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
STAFFING:		YES	NO
5.	Meets Oakland County staffing requirements and the personnel meet Oakland County qualifications.	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If “No” is checked for any statement (except for number 4), you must provide sufficient documentation to explain the variance. If “Yes” is checked for number 4, provide an explanation.

Agency will provide the following:

1. Attach a detailed communication plan that meets OCMCA Communication Policy requirements, based on level of licensure. Requests must meet current MDHHS MEDCOM plan requirements, as well.
2. Attach a 2-month schedule for the units and personnel proposed in this application.
3. List all types of service to be provided, as well as service area (list current as well as proposed).
4. Attach a written plan to meet and comply with the Oakland County EMS Response Time Standards (8.13).
5. Attach a map showing the response area for each Oakland County based vehicle (this can be drawn on the map). Response area must be small enough to ensure that Oakland County Medical Control Authority response time criteria are met. List each vehicle:

Level of Licensure:	Number of Vehicles:	Average Response Time:

MCA Oakland County
 MCA Board Approval Date: December 2, 2017
 MDHHS Approval Date: January 27, 2017
 MCA Implementation Date: February 1, 2017

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6. Provide written documentation from each approving geographic service area (GSA), explaining how your agency will operate in the GSA and respond to emergencies in that area. Documentation must be signed by the GSA or designee and agency. The documentation shall include the following:
 - a. Provide at least 1 vehicle available for response to requests for emergency assistance on a 24-hour-a-day, 7-day-a-week basis in accordance with local medical control authority protocols.
 - b. Respond or ensure that a response is provided to each request for emergency assistance originating from within the bounds of its geography service area.
 - c. Operate under the direction of a medical control authority or the medical control authorities with jurisdiction over the ambulance operation.
 - d. Proposed start of operations date.
7. If the application involves upgrading the level of service, a plan must be attached that explains how the agency will deal with newly licensed personnel working together.
8. Provide mutual aid agreement(s) with an OCMCA approved LSA at or above the level proposed by the applying agency.
9. If the service is a corporation, articles of incorporation are included.

Signature – Chief of Department or Agency President