



Oakland County Medical Control Authority Aircraft Letter of Compliance 2018

Agency Name: _____
(Print Name)

- | | Compliant |
|---|------------------|
| 1. Licensed by the Michigan Department of Health and Human Services (MDHHS), or license pending.
Fixed Wing _____
Helicopter _____ | _____ |
| 2. Assigned medical personnel shall be trained and licensed in accordance with appropriate statutes, rules, criteria and ACLS certified. | _____ |
| 3. 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. It is the agency's responsibility to educate and update all personnel on the OCMCA protocols and policies. | _____ |
| 6. Agency and personnel will follow the OCMCA Medical Control Hospital Policy. | _____ |
| 7. The 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. The agency is responsible for completing and forwarding the necessary quality improvement data, approved by the OCMCA Board of Directors, to the OCMCA office on a monthly basis, by the 15 th of each month. | _____ |
| 9. This agency agrees to participate in PSRO studies, and abide by the PSRO Incident Investigation Procedure. | _____ |
| 10. Agency has designated a Medical Control Hospital and Medical Control Physician. | _____ |
| 11. The agency is responsible for forwarding a completed copy of each run report originating in Oakland County to the OCMCA office within 24 hours of the run. | _____ |
| 12. The agency will transport Oakland County patients as per the Oakland County Transportation Policy and Aircraft Transportation Policy (6-4). | _____ |
| 13. 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.

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)



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**



******For Office Use Only******

Date Reviewed by Staff: _____

Date Approved by PSRO: _____

Date Approved by MCC: _____

Date Approved by BOD: _____

Date Part One Signed: _____

LSA Part One: Mail/Pick-up Date: _____

Notes: _____
