



**Oakland County Medical Control Authority
2024 Life Support Agency Letter of Compliance 8-18.1**

Life Support Agency Name: _____
(Print Name)

	Compliant
1. This agency is licensed by the Michigan Department of Health and Human Services (MDHHS), or license pending.	_____
2. This agency will maintain a physical station with a minimum of one life support vehicle with 24/7 staffing (of a type commensurate with what is written on the agency's license) that is available for response to requests for emergency assistance, and is staffed on a 24/7 basis within Oakland County.	_____
3. This agency agrees to comply with the Oakland County EMS Response Time Standards. (See 8.104 EMS Response Time Standards)	_____
4. This agency will have medical supplies, communications, equipment, procedures and protocols utilized meet criteria, as established by MDHHS and Oakland County Medical Control Authority.	_____
5. This agency shall educate and update all personnel on the OCMCA protocols and policies.	_____
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 (EQIP) and abide by all PSRO Protocols and Polices.	_____
8. This agency has designated a Medical Control Hospital and Medical Control Hospital Physician.	_____
9. This agency understands that 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.	_____
10. This agency has designated an EMS Coordinator, EMS QI Coordinator and State Licensed Instructor Coordinator.	_____
11. This 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. (See 8.6 Dispatch Protocol)	_____
12. This agency has a policy to ensure that use of lights and sirens is based on EMD protocols and patient condition. (See 8.2 Use of Lights and Sirens Policy)	_____



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13. This agency is responsible for completing and forwarding the necessary quality improvement data, approved by the OCMCA Board of Directors, and to MI-EMSIS. (See **7-15 Patient Care Record & Electronic Documentation & EMS Information System**) _____
 14. This agency understands that all LSAs that provide emergency response in Oakland County agrees 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. This agency has completed the Addendum (See Addendum). _____
 16. This agency shall provide staffing in accordance with the Agency and EMS Personnel Criteria for Participation Policy _____
 17. This agency affirms that its personnel are currently and will maintain their training and licensing in accordance with appropriate statutes, rules, and criteria for their specific license levels as indicated in the EMS Personnel to participate in the OCMCA section of protocol **8.18 Agency and EMS Personnel Criteria for Participation**. _____

For ALS Agencies Only

LICENSED NON-TRANSPORTING ALS UNITS

- A. Provide a minimum of one paramedic staffing each licensed Non-Transporting ALS unit at all times.
- B. Contract for staffing services shall only be rendered with OCMCA approved Life Support Agencies.

LICENSED TRANSPORTING ALS UNITS

- A. Provide a minimum of one (1) paramedic and one (1) EMT staffing each licensed Transporting ALS unit at all times.
- B. Contract for staffing services shall only be rendered with OCMCA approved Life Support Agencies.

For BLS Agencies Only

LICENSED NON-TRANSPORTING BLS AGENCY

- A. Must provide a minimum of one (1) EMT to staff a licensed Non-Transporting BLS unit at all times.

LICENSED TRANSPORTING BLS AGENCY

- B. A transporting BLS agency must provide a minimum of one (1) Basic EMT and one (1) MFR to staff a licensed Transporting BLS unit for transport.

Approved to participate in the BEES Program (indicate yes or no) _____



For MFR Agencies Only

Agency is approved to participate/utilize any of the following:

- Glucometer (per protocol **7.21 Blood Glucose Level Testing**)
 - MaBEES Program (per protocol **9.101 MFR/EMT Medication Exchange**)
 - Naloxone (per protocol **9.101 MFR/EMT Medication Exchange**)
 - i-gel (per protocol **7-9 Airway Management**)
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Addendum to Letter of Compliance

	Yes	No
1. Licensed transporting agency?	_____	_____
2. Agency regularly transports?	_____	_____
3. List the communities your agency provides first (primary) response services.		
4. If the agency does not provide a first (primary) response service for a geographic area inside Oakland County, 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 within the last twelve months.		
5. List the communities your agency provides tiered response (transport) services.		
6. List the Life Support Agency's your agency has written mutual aid agreements.		
7. Number of vehicles:		
Non Transporting	Transporting	
MFR	_____	
BLS	_____	_____
ALS	_____	_____
8. Number of EMS personnel, including volunteers.		_____
9. Agency has 12 lead EKG capabilities.	_____	_____
10. BLS Agency Only transmits and notifies if STEMI	_____	_____
11. Agency has capnography capabilities.	_____	_____
12. Agency has CPAP capabilities.	_____	_____
13. Agency has BiPAP	_____	_____
14. Type of IO device used by agency (ALS only).		_____
15. Data e-PCR Reporting System (NEMSIS 3.0 or higher)		_____
Zoll		
ESO Solutions		
Image Trend/MI-EMSIS		
Health EMS		
Emergency Reporting		
Other		



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16. Agency Annual Licensure Renewal Date _____
 17. List Dispatch Agency (PSAP) _____
 18. Agency participates in the MaBEES program _____
 19. Agency participates in the ET3 Special Study _____
 20. Agency participates in the eComs/eBridge Study _____
 21. Agency participates in the Narcan Leave Behind Program _____
 22. Agency does interfacility transports.
Utilizes High Flow Nasal Canula _____
 23. Agency utilizes a mechanical CPR Device _____
Provide the brand name and model number of the device
Brand name _____ Model Number _____
Brand name _____ Model Number _____
Brand name _____ Model Number _____
Brand name _____ Model Number _____
 24. EMT Agency Only – Participate in the Capnography Program _____
Qualitative _____
Quantitative _____
 25. MFR Agency Only – Participate in Epi Auto Injector Program _____
 26. MFR Agency Only – Participate in the Glucometer Program _____
 27. MFR Agency Only – Participate in the Infra-nasal Medication Administration Program _____
 28. MFR Agency Only – Participate in the Narcan Administration Program _____
 29. Please identify the supraglottic airways your agency utilizes
iGel
Air Q3
King
Combitube
 30. All Agencies - list all vehicles carrying Narcan for BLS and MFR use, if applicable.

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

Attach a copy of the current agency license.



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 #: _____

Chief/CEO: _____ *E-mail address* _____

Work # _____ *Cell #* _____

EMS Coordinator: _____ *E-mail address* _____

Work # _____ *Cell #* _____

Second Contact: _____ *E-mail address* _____

Work # _____ *Cell #* _____

Third Contact (if needed): _____ *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 #* _____

MIEMSIS: _____ *E-mail address* _____

This person will be designated to receive weekly reports from the State EMS office in regards to monitoring their agency's MIEMSIS submissions.

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.

Authorized Representative (Signature)

Medical Control Physician Signature (MCC member/alt)

Authorized Representative (Print)

Medical Control Physician (PRINT)

_____ _____
Title Date

Medical Control Hospital

EMS Coordinator (PRINT)

Hospital EMS Coordinator/Liaison (PRINT)

EMS QI Coordinator (PRINT)

State Licensed Instructor Coordinator (PRINT)