Section: 8.18.1

Oakland County Medical Control Authority
2025 Medical First Responder Life Support Agency Letter of Compliance

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 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. _____

9. This agency has designated an EMS Coordinator, EMS QI Coordinator and State Licensed Instructor Coordinator. _____

10. 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**) _____

11. 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**) _____

12. 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**). _____

13. This agency shall provide staffing in accordance with the Agency and EMS Personnel Criteria for Participation Policy. _____

14. 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**. _____

15. Number of EMS personnel, including volunteers. _____

16. This agency affirms that its personnel list will be kept up to date on OCMCA Connect. _____

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

18. List Dispatch Agency (PSAP) _____

19. Agency Annual Licensure Renewal Date _____

20. List the communities your agency provides first (primary) response services. _____
_____

21. 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. _____

22. List the communities your agency provides tiered response (transport) services. _____
_____

23. List the Life Support Agency's your agency has written mutual aid agreements. _____
_____

24. Number of non-transporting MFR vehicles: _____

		Yes	No
25.	Agency has CPAP capabilities.	____	___
26.	Agency utilizes a mechanical Chest Compression Device.	____	____

How many units the agency has. _____

Provide the brand name and model number of the devices.

Brand name _____ Model Number _____
Brand name _____ Model Number _____
Brand name _____ Model Number _____
Brand name _____ Model Number _____

		Yes	No
27.	Agency is approved to participate in the MFR/BLS Draw-Up Epi (MaBEES) Program.	____	___
28.	Agency participates in the Narcan Leave Behind Program.	____	___
29.	Agency has capnography capabilities.	____	___
30.	Agency participates in the Glucometer Program.	____	___
31.	Agency participates in the iGel Program.	____	___
32.	Agency participates in Epi Auto Injector Program. (This is not the 9.104 Medication Contents Exchange Program)	____	___
33.	Agency participates in the Narcan Administration Program. (This is not the 9.104 Medication Contents Exchange Program)	____	___
34.	Do all your licensed MFR vehicles carry epinephrine? (This is not the 9.104 Medication Contents Exchange Program)	____	___
35.	List all OCMCA unit vehicles numbers carrying Narcan for BLS and MFR use, if applicable. (This is not the 9.104 Medication Contents Exchange Program)	____	___
36.	Does the agency plan to participate in the 9.104 MFR Medication Kit Contents Exchange Protocol.	____	___

37. If yes to 9.104 participation, how many MFR units does the agency have in service? _____

38. If yes to 9.104 participation, how many MFR kits does the agency need? _____

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 City: _____ **Agency State/Zip:**_____

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 #*** _____

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.

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) Title

_____
Date

I verify that all of the above contact information is accurate and up to date: _____

Attach a copy of the current agency license.

Complete the Letter of Compliance (LOC) at: https://system.ocmca.org/
Changes to the LOC throughout the year can be updated at the above website.

Oakland County EMS Medical Control Authority
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