



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES
AIR AMBULANCE SERVICE REVIEW CRITERIA CHECK SHEET**

NAME OF AIR AMBULANCE SERVICE	LOCATION	DATE
(1) GENERAL REQUIREMENTS FOR AIR AMBULANCE SERVICE LICENSURE		
1. Availability of Service (24-hour operation) Meets needs of service area	MET NOT MET <input type="checkbox"/> <input type="checkbox"/>	COMMENTS
2. Insurance – Public Liability Coverage for air ambulance services which transport patients shall meet or exceed: \$250,000 for bodily injury to, or death of, one person \$500,000 for bodily injury to, or death of, all persons injured or killed in any one accident, subject to a minimum of \$250,000 per person; and \$100,000 for loss or damage to property of others in one accident excluding cargo	MET NOT MET <input type="checkbox"/> <input type="checkbox"/>	
3. Staffing patterns (a) Aviation Crew (b) Medical Crew (c) Communications Specialist	MET NOT MET <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. Medical Director qualifications/credentials	MET NOT MET <input type="checkbox"/> <input type="checkbox"/>	
5. Communications Capability (a) Voice communications (b) ELT	MET NOT MET <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
(2) OPERATIONAL POLICIES AND PROCEDURES		
1. Safety program including infection control program	MET NOT MET <input type="checkbox"/> <input type="checkbox"/>	COMMENTS
2. Air ambulance operation procedures	<input type="checkbox"/> <input type="checkbox"/>	
3. Communications procedures	<input type="checkbox"/> <input type="checkbox"/>	
4. Standards for clinical care (medical protocols) (standing order authorization)	<input type="checkbox"/> <input type="checkbox"/>	
5. Aircraft and equipment maintenance procedures	<input type="checkbox"/> <input type="checkbox"/>	
6. Controlled substance security and record keeping	<input type="checkbox"/> <input type="checkbox"/>	
7. Disaster/multiple casualty protocols	<input type="checkbox"/> <input type="checkbox"/>	
8. Quality Improvement program (including problem identification and resolution)	<input type="checkbox"/> <input type="checkbox"/>	
9. Nondiscrimination policy regarding treatment or transportation of emergency patients	<input type="checkbox"/> <input type="checkbox"/>	
10. Documentation of ambulance response times	<input type="checkbox"/> <input type="checkbox"/>	
11. Medical Control Plan - Transfer of care between agencies	<input type="checkbox"/> <input type="checkbox"/>	
12. Visual Flight Rule (Rotary Wing Only) Authorized to conduct helicopter air ambulance operations in accordance with FAR Part 135. See operational stds.	<input type="checkbox"/> <input type="checkbox"/>	
(3) RECORDS AND FORMS		
1. Ambulance run report	MET NOT MET <input type="checkbox"/> <input type="checkbox"/>	COMMENTS
2. Air ambulance service license (excluding initial licensure)	<input type="checkbox"/> <input type="checkbox"/>	
3. Medical Director protocol and policy authorization	<input type="checkbox"/> <input type="checkbox"/>	
4. Aircraft maintenance records	<input type="checkbox"/> <input type="checkbox"/>	
5. FAA Part 135 Certificate	<input type="checkbox"/> <input type="checkbox"/>	
6. Equipment maintenance records	<input type="checkbox"/> <input type="checkbox"/>	
7. Records required by other regulatory agencies	<input type="checkbox"/> <input type="checkbox"/>	
(4) PATIENT CARE REVIEW		
	MET NOT MET <input type="checkbox"/> <input type="checkbox"/>	
REMARKS		
SIGNATURE OF BUREAU OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE		DATE
SIGNATURE OF AGENCY REPRESENTATIVE		DATE