



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF EMERGENCY MEDICAL SERVICES
EMERGENCY MEDICAL RESPONSE AGENCY LICENSURE INSPECTION CHECKLIST

| NAME OF EMERGENCY MEDICAL RESPONSE AGENCY | LOCATION | DATE |
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| (1) GENERAL REQUIREMENTS FOR EMERGENCY MEDICAL RESPONSE AGENCY LICENSURE | | |
| | MET NOT MET | COMMENTS |
| 1. Prompt response to all requests for service | <input type="checkbox"/> <input type="checkbox"/> | |
| 2. Services, personnel and supplies to meet anticipated emergency call volume | <input type="checkbox"/> <input type="checkbox"/> | |
| 3. Medical director qualifications/credentials | <input type="checkbox"/> <input type="checkbox"/> | |
| 4. Medical control plan – Transfer of care between agencies | <input type="checkbox"/> <input type="checkbox"/> | |
| 5. Ability to communicate with dispatch, hospital, local ambulance service | <input type="checkbox"/> <input type="checkbox"/> | |
| 6. Agreement between service and medical director | <input type="checkbox"/> <input type="checkbox"/> | |
| 8. Medical Director and service administrator have implemented and annually reviewed: <input type="checkbox"/> Air ambulance utilization <input type="checkbox"/> Triage and transport protocols <input type="checkbox"/> Protocols for DO-NOT-Resuscitate requests <input type="checkbox"/> Medications and medical equipment to be utilized <input type="checkbox"/> Medical and treatment protocols for medical, trauma and pediatric patients | <input type="checkbox"/> <input type="checkbox"/> | |
| (2) POLICIES AND PROCEDURES | | |
| | MET NOT MET | |
| 1. Safety program including infection control program | <input type="checkbox"/> <input type="checkbox"/> | |
| 2. Communications procedures | <input type="checkbox"/> <input type="checkbox"/> | |
| 3. Standards for clinical care (medical protocols) | <input type="checkbox"/> <input type="checkbox"/> | |
| 4. Equipment maintenance procedures | <input type="checkbox"/> <input type="checkbox"/> | |
| 5. Controlled substance security and record keeping | <input type="checkbox"/> <input type="checkbox"/> | |
| 6. Disaster/multiple casualty protocols | <input type="checkbox"/> <input type="checkbox"/> | |
| 7. Maintenance, storage, usage and replacement of medical equipment, devices and medications | <input type="checkbox"/> <input type="checkbox"/> | |
| 8. Quality Improvement Program including problem identification and resolution | <input type="checkbox"/> <input type="checkbox"/> | |
| (3) RECORDS AND FORMS | | |
| 1. A report to record information on each emergency call | MET NOT MET <input type="checkbox"/> <input type="checkbox"/> | |
| 2. Medical Director protocol and policy authorization | <input type="checkbox"/> <input type="checkbox"/> | |
| 3. Equipment maintenance records | <input type="checkbox"/> <input type="checkbox"/> | |
| 4. Records required by other regulatory agencies | <input type="checkbox"/> <input type="checkbox"/> | |

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| 5. Memorandum of understanding with ambulance services a. Triage protocols b. Do-Not-Resuscitate requests c. Air utilization requests d. Medical trauma treatment protocols e. Quality assurance and improvement program f. Response capabilities of the emergency medical response agency | MET NOT MET <input type="checkbox"/> <input type="checkbox"/> | COMMENTS |
| (4) PATIENT CARE REVIEW | | |
| | MET NOT MET N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| REMARKS | | |
| SIGNATURE OF BUREAU OF EMERGENCY MEDICAL SERVICES REPRESENTATIVE | DATE | |
| SIGNATURE OF EMERGENCY MEDICAL RESPONSE AGENCY REPRESENTATIVE | DATE | |