



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"/>	
7. 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

	MET	NOT MET	
1. A report to record information on each emergency call	<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	